

MHS Secure Provider Web Portal Overview



Agenda

Save Time by Utilizing the MHS Secure Web Portal

Account Creation/Login and Training Materials

- Dashboard
- MHS Member Management Forms
- Account Details
- Account Manager

Quality Reports

- Patient Analytics
- Provider Analytics

Member Eligibility and Overview

- Member panel for PMPs
- Member Record

Authorizations

- Check Status
- Submit DME Request

Claims

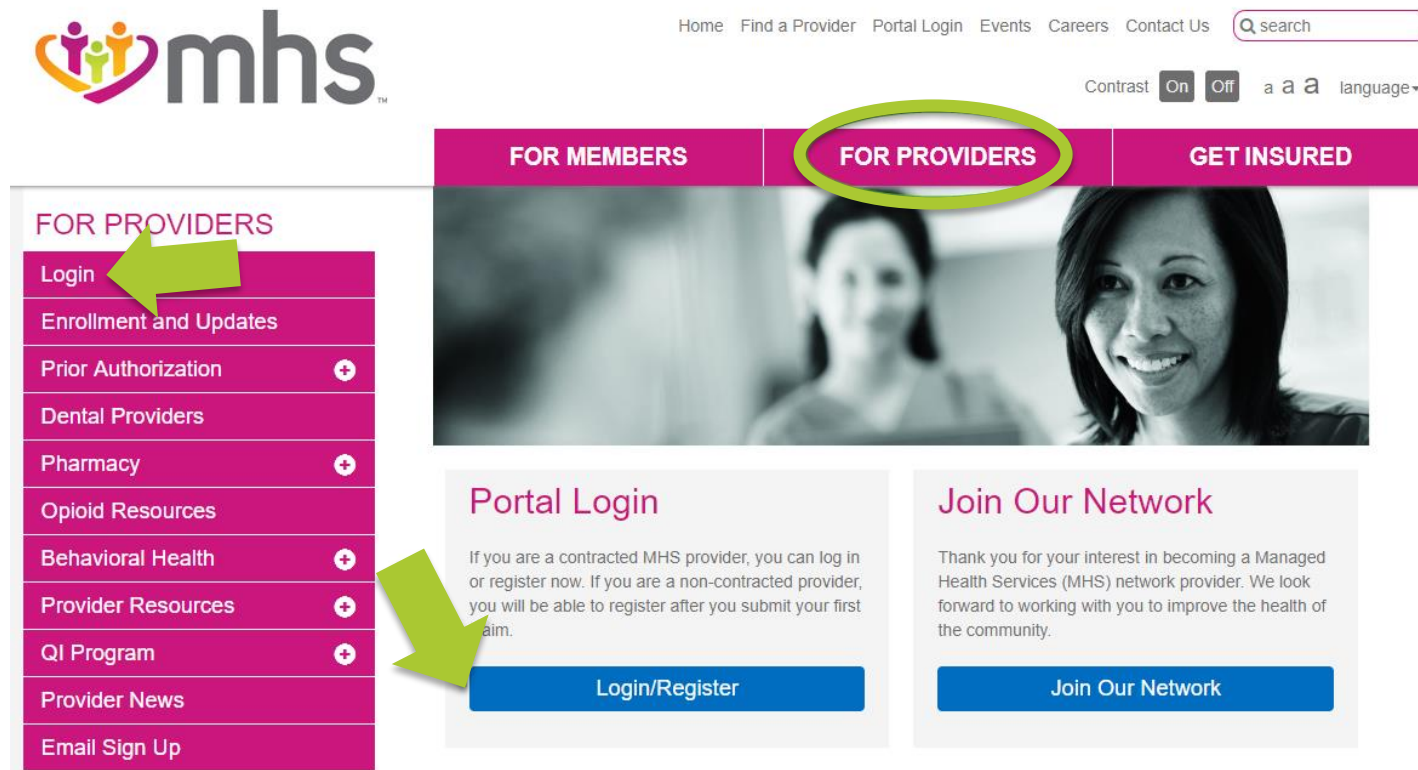
- Submit, Correct and Review Claims
- Payment History

Secure Messaging

Account Creation/Login and Training Materials

Provider Portal Login

- Go mhsindiana.com and click on **For Providers**.
- Then click **Login/Register** for the **MHS Provider Portal**.
- Click **Login** tab to view Vision/Dental Portal Login and Training Materials.



The screenshot shows the MHS website with the 'FOR PROVIDERS' tab highlighted in the top navigation bar. On the left, a sidebar menu lists various provider resources, with 'Login' highlighted by a green arrow. The main content area features a 'Portal Login' section with a 'Login/Register' button and a 'Join Our Network' section with a 'Join Our Network' button. A green arrow points to the 'Login/Register' button.

Home Find a Provider Portal Login Events Careers Contact Us

Contrast ☐ On ☐ Off a a a language

FOR MEMBERS **FOR PROVIDERS** **GET INSURED**

FOR PROVIDERS

- Login
- Enrollment and Updates
- Prior Authorization +
- Dental Providers
- Pharmacy +
- Opioid Resources
- Behavioral Health +
- Provider Resources +
- QI Program +
- Provider News
- Email Sign Up

Portal Login

If you are a contracted MHS provider, you can log in or register now. If you are a non-contracted provider, you will be able to register after you submit your first claim.

[Login/Register](#)

Join Our Network

Thank you for your interest in becoming a Managed Health Services (MHS) network provider. We look forward to working with you to improve the health of the community.

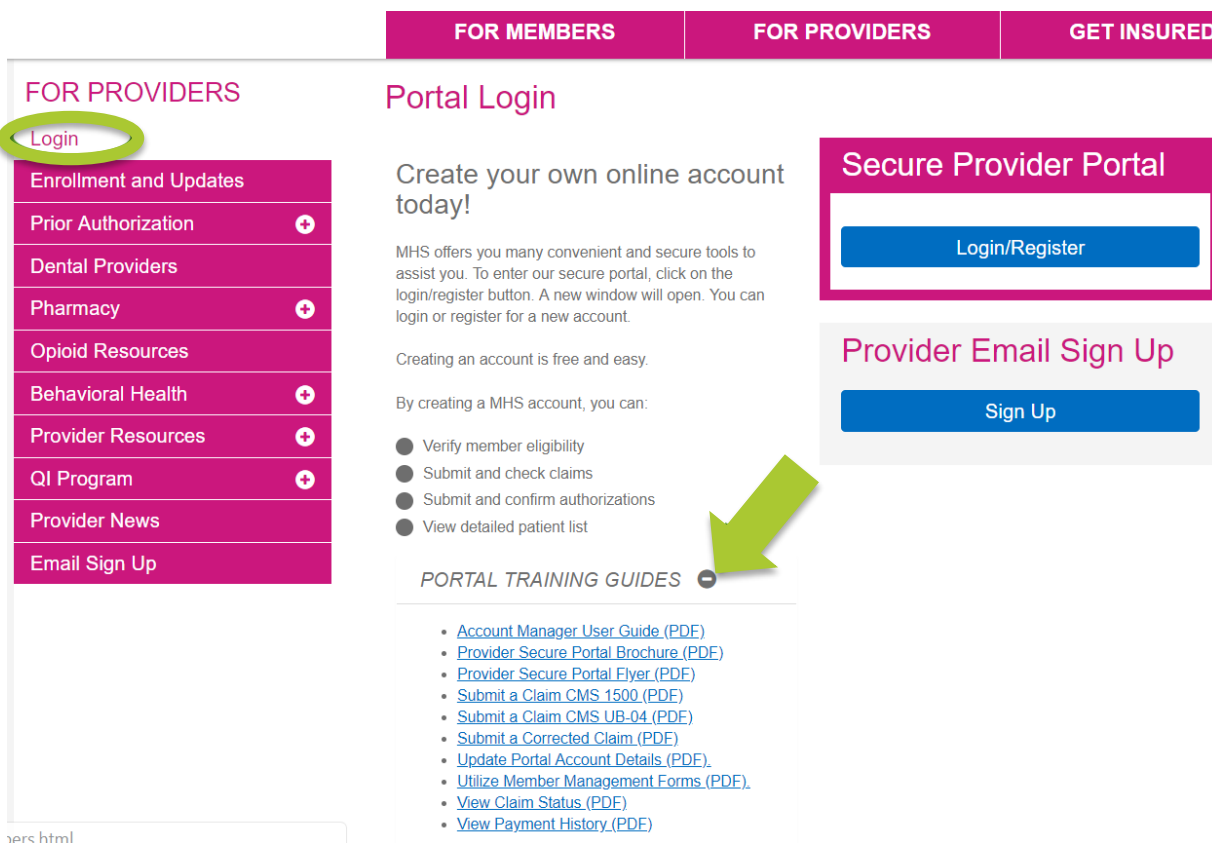
[Join Our Network](#)

Web Portal Training Documents

 Login tab contains Portal Training Guides, Login/Register and Sign Up for emails.

Training Documents Include:

- Account Manager Guide
- MHS Portal Brochure
- How To Guides:
 - Submit Claims
 - Correct Claims
 - View Payment History
 - Use Member Management Forms



FOR PROVIDERS

FOR PROVIDERS

Login

Enrollment and Updates

Prior Authorization +

Dental Providers

Pharmacy +

Opioid Resources

Behavioral Health +

Provider Resources +

QI Program +

Provider News

Email Sign Up

Portal Login

Create your own online account today!

MHS offers you many convenient and secure tools to assist you. To enter our secure portal, click on the login/register button. A new window will open. You can login or register for a new account.

Creating an account is free and easy.

By creating a MHS account, you can:

- Verify member eligibility
- Submit and check claims
- Submit and confirm authorizations
- View detailed patient list

Secure Provider Portal

Login/Register

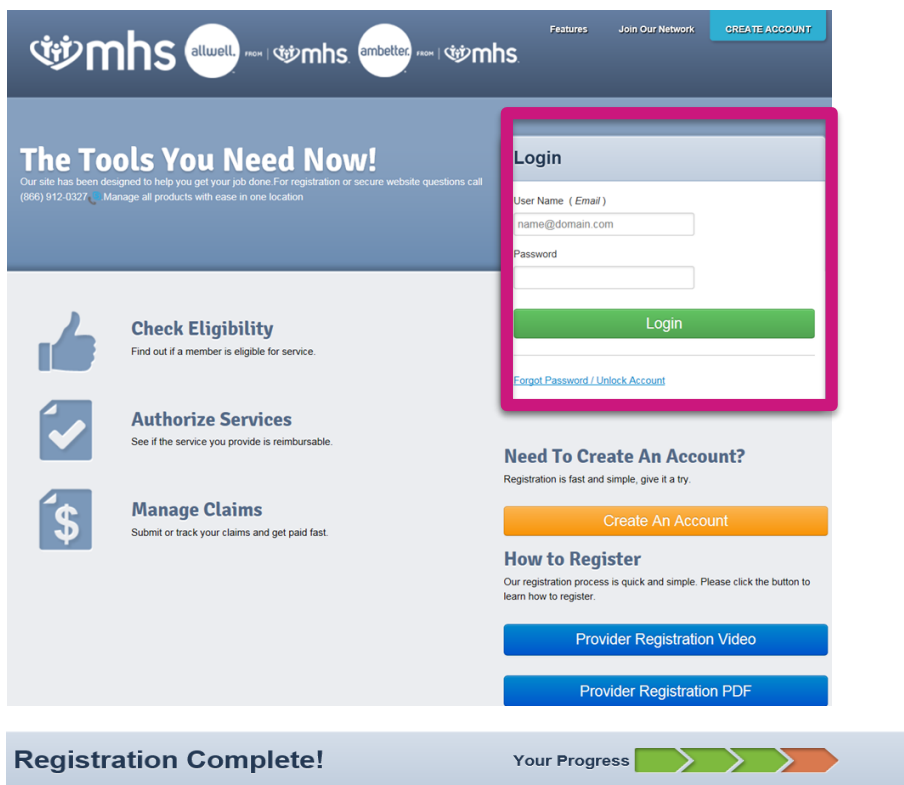
Provider Email Sign Up

Sign Up

PORTAL TRAINING GUIDES

- [Account Manager User Guide \(PDF\)](#)
- [Provider Secure Portal Brochure \(PDF\)](#)
- [Provider Secure Portal Flyer \(PDF\)](#)
- [Submit a Claim CMS 1500 \(PDF\)](#)
- [Submit a Claim CMS UB-04 \(PDF\)](#)
- [Submit a Corrected Claim \(PDF\)](#)
- [Update Portal Account Details \(PDF\)](#)
- [Utilize Member Management Forms \(PDF\)](#)
- [View Claim Status \(PDF\)](#)
- [View Payment History \(PDF\)](#)

Complete Portal Registration or Login



The Tools You Need Now!
Our site has been designed to help you get your job done! For registration or secure website questions call (866) 912-0327. Manage all products with ease in one location.

Check Eligibility
Find out if a member is eligible for service.

Authorize Services
See if the service you provide is reimbursable.

Manage Claims
Submit or track your claims and get paid fast.

Login

User Name (Email)
name@domain.com

Password

Login

[Forgot Password / Unlock Account](#)

Need To Create An Account?
Registration is fast and simple, give it a try.

Create An Account

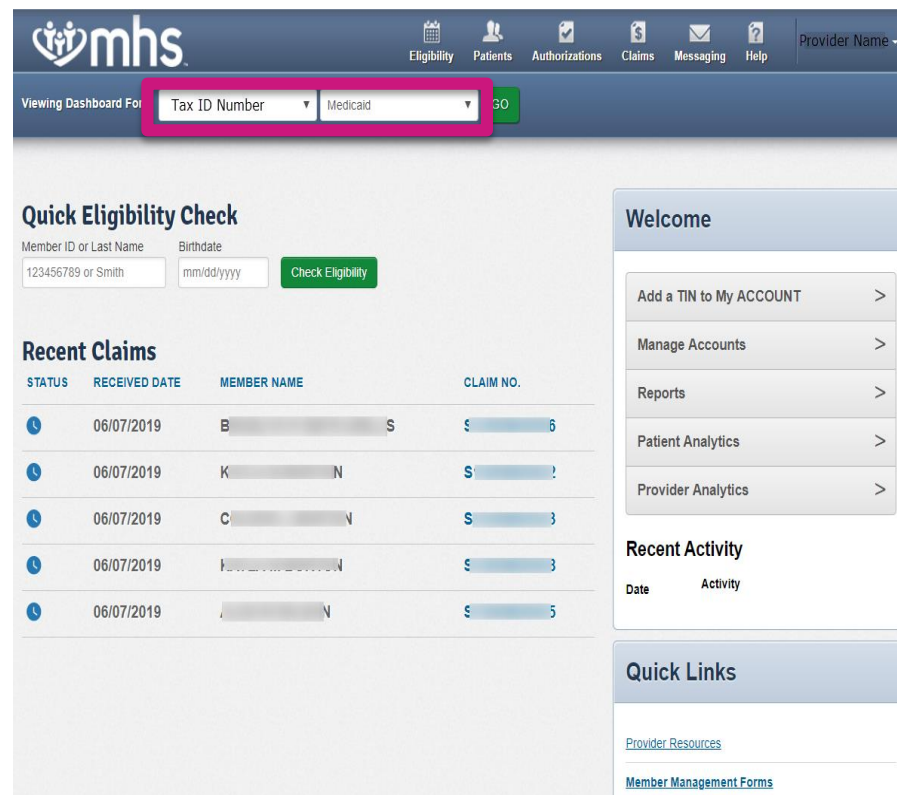
How to Register
Our registration process is quick and simple. Please click the button to learn how to register.

Provider Registration Video

Provider Registration PDF

Registration Complete!

Your Progress



Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy

Check Eligibility

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
🕒	06/07/2019	B S	6
🕒	06/07/2019	K N	?
🕒	06/07/2019	C N	3
🕒	06/07/2019	N	3
🕒	06/07/2019	N	5

Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

Patient Analytics >

Provider Analytics >

Recent Activity

Date Activity

Quick Links

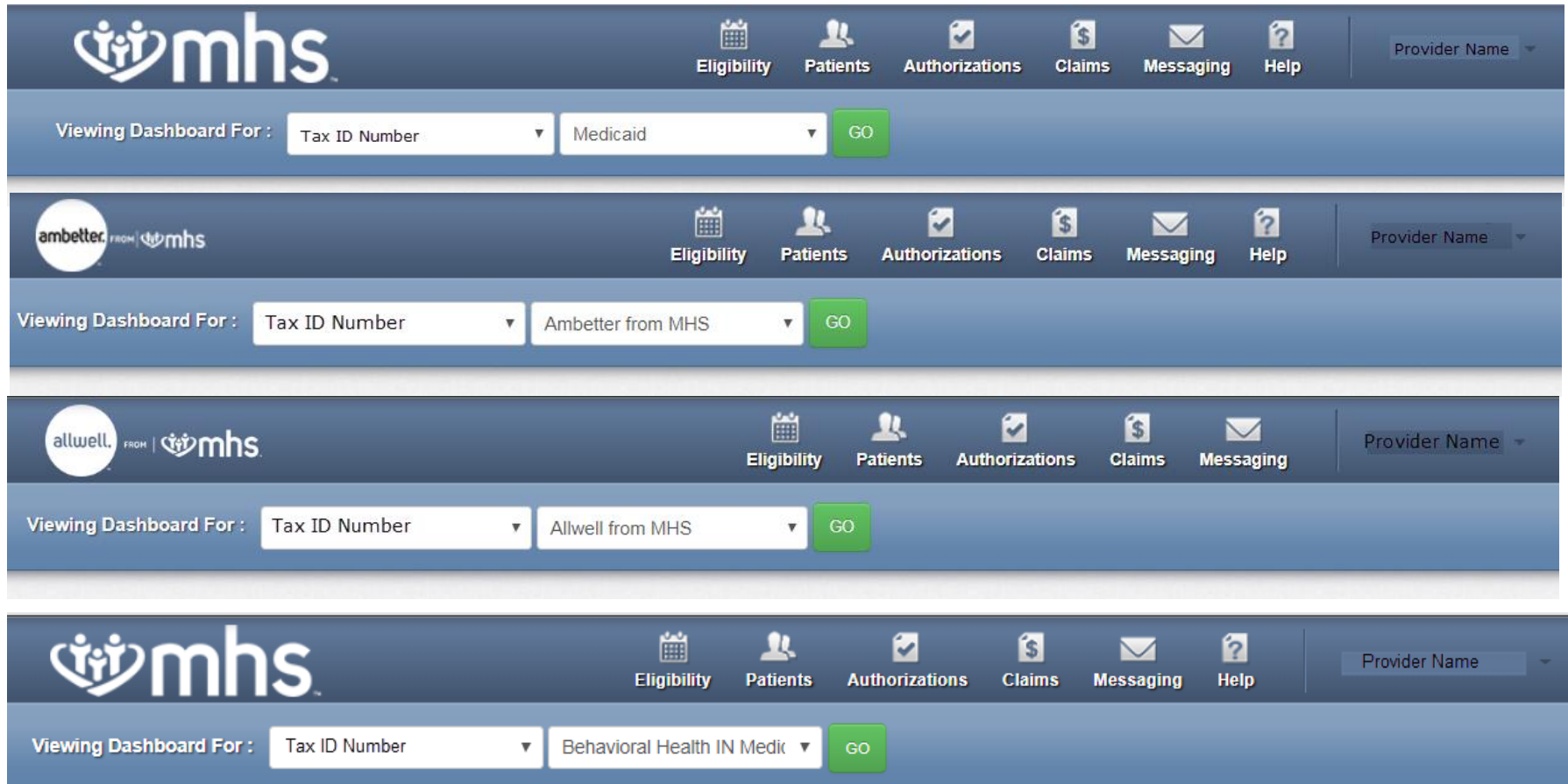
[Provider Resources](#)

[Member Management Forms](#)

Login

Dashboard Change

 User has the ability to change between **Tax ID Numbers** added along with choices for: **Medicaid**, **Ambetter from MHS**, **Allwell from MHS** and **Behavioral Health IN Medicaid**.




The screenshot displays four instances of the MHS dashboard interface, each representing a different program:


- Medicaid:** The header shows the MHS logo. Navigation icons include Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is visible. The main content area shows 'Viewing Dashboard For:' with a dropdown for 'Tax ID Number' and a dropdown for 'Medicaid', followed by a green 'GO' button.
- Ambetter from MHS:** The header shows the 'ambetter FROM mhs' logo. Navigation icons include Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is visible. The main content area shows 'Viewing Dashboard For:' with a dropdown for 'Tax ID Number' and a dropdown for 'Ambetter from MHS', followed by a green 'GO' button.
- Allwell from MHS:** The header shows the 'allwell. FROM mhs' logo. Navigation icons include Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is visible. The main content area shows 'Viewing Dashboard For:' with a dropdown for 'Tax ID Number' and a dropdown for 'Allwell from MHS', followed by a green 'GO' button.
- Behavioral Health IN Medicaid:** The header shows the MHS logo. Navigation icons include Eligibility, Patients, Authorizations, Claims, Messaging, and Help. A dropdown menu for 'Provider Name' is visible. The main content area shows 'Viewing Dashboard For:' with a dropdown for 'Tax ID Number' and a dropdown for 'Behavioral Health IN Medicaid', followed by a green 'GO' button.





Homepage – MHS (Medicaid)


 Quick Eligibility Check, Recent Claims, Reports, and Quick Links.





 Eligibility

 Patients

 Authorizations

 Claims

 Messaging

 Help

Provider Name ▾

Viewing Dashboard For :

Tax ID Number ▾

Medicaid ▾

GO

Quick Eligibility Check

Member ID or Last Name






123456789 or Smith

Birthdate

mm/dd/yyyy

Check Eligibility

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	06/07/2019	B ██████████ S	\$ ██████████ 6
	06/07/2019	K ██████████ N	\$ ██████████ ?
	06/07/2019	C ██████████ N	\$ ██████████ 3
	06/07/2019	██████████ N	\$ ██████████ 3
	06/07/2019	J ██████████ N	\$ ██████████ 5

Welcome

Add a TIN to My ACCOUNT >

Manage Accounts >

Reports >

Patient Analytics >

Provider Analytics >

Recent Activity

Date	Activity
------	----------

Quick Links

[Provider Resources](#)

[Member Management Forms](#)

Quick Links

[Provider Resources](#)

[Member Management Forms](#)

Notification of Pregnancy (NOP): NOP must be accessed through the IHCP Provider Healthcare Portal and electronically submitted. If the member is not enrolled with Medicaid, the NOP option does not display. You must create a login and password in order to access the NOP form through the Provider Healthcare Portal.

Learn more about submitting a NOP through the [IHCP Provider Healthcare Portal](#).

Go to the [IHCP Provider Healthcare Portal](#)

[Late Notification of Services Submission Form](#)

[Peer to Peer Contact Form](#)

Please note: Claims information is updated every 24 hours.

For HIP Pharmacy information and PDLs, please visit the [Pharmacy](#) page.

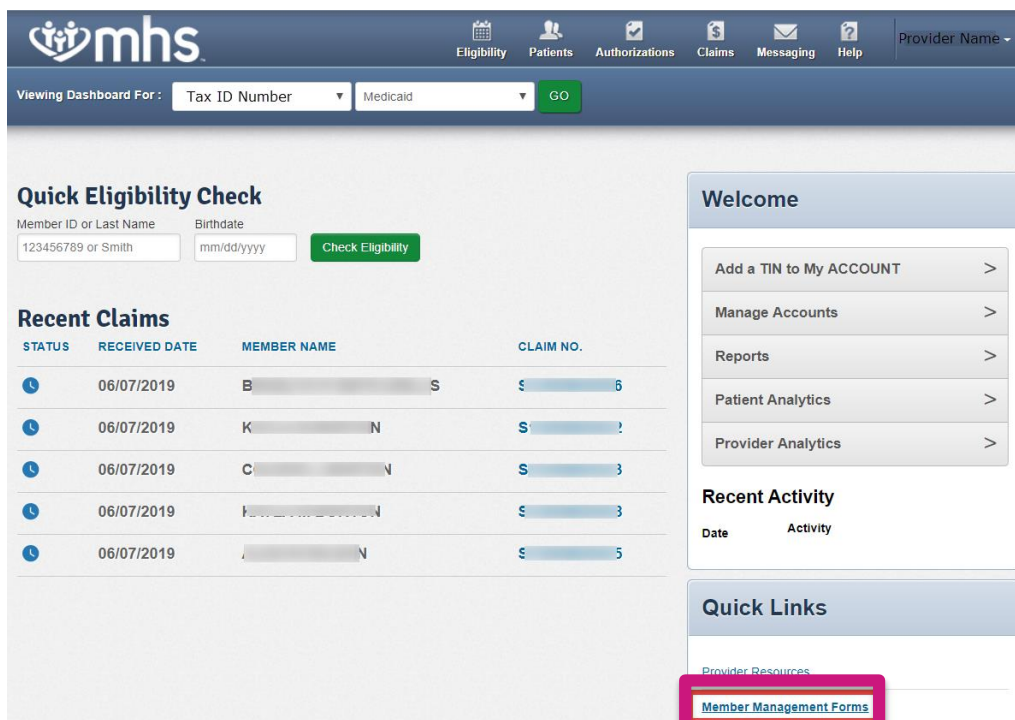
Go Paperless

Empower your practice with electronic settlement. Now you can receive EFT's and ERA's without investing in new technology and without changes to current systems.

PaySpan Site

MHS Member Management Forms

 Click on **Member Management Forms** under **Quick Links**.



The screenshot shows the MHS Member Management dashboard. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help, along with a 'Provider Name' dropdown. Below this is a 'Viewing Dashboard For:' section with 'Tax ID Number' and 'Medicaid' dropdowns and a 'GO' button. The main content area is divided into three sections: 'Quick Eligibility Check' with input fields for Member ID or Last Name and Birthdate, and a 'Check Eligibility' button; 'Recent Claims' with a table of claims; and 'Welcome' with a sidebar menu. The 'Quick Links' section at the bottom has a red box highlighting 'Member Management Forms'.

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	06/07/2019	B [redacted] S	S [redacted] 6
	06/07/2019	K [redacted] N	S [redacted] ?
	06/07/2019	C [redacted] N	S [redacted] 3
	06/07/2019	[redacted] N	S [redacted] 3
	06/07/2019	[redacted] N	S [redacted] 5

 **Choose between:**

- Member Disenrollment Form
- Panel Management Form



Home Find a Provider Portal Login Events Contact Us

Contrast ☒ On ☐ Off a a language

FOR MEMBERS

FOR PROVIDERS

GET INSURED

FOR PROVIDERS

- Login
- Become a Provider
- Prior Authorization
- Dental Providers
- Pharmacy
- Behavioral Health
- Provider Resources
- QI Program
- Provider News

Member Management Forms

All PMP's have the right to state the number of members they are willing to accept into their practice. The panel size for members is based on the panel size requested on the Provider Enrollment form. Member assignment is based on the member's choice and the IHCP auto-assignment process; therefore, MHS does not guarantee any PMP will receive a set number of members.

PMP's shall not refuse to treat MHS members on his or her panel as long as the panel limit has not been met. MHS must be notified 45 calendar days in advance of a PMP's inability to accept additional covered enrollees under MHS agreements. To make a change to your panel size, please contact your Provider Partnership Associate.

Member Disenrollment

[Click Here](#)

Panel Management Form

[Click Here](#)

MHS follows a state-defined process which requires MHS approval before a member can be dismissed from a PMP's panel. Please complete the Member Disenrollment form below in its entirety to request a member be removed from your panel. It can take 30 - 45 days for this removal to occur. For a list of valid reasons for a request for member disenrollment and other important information, please review the [Provider Manual](#).

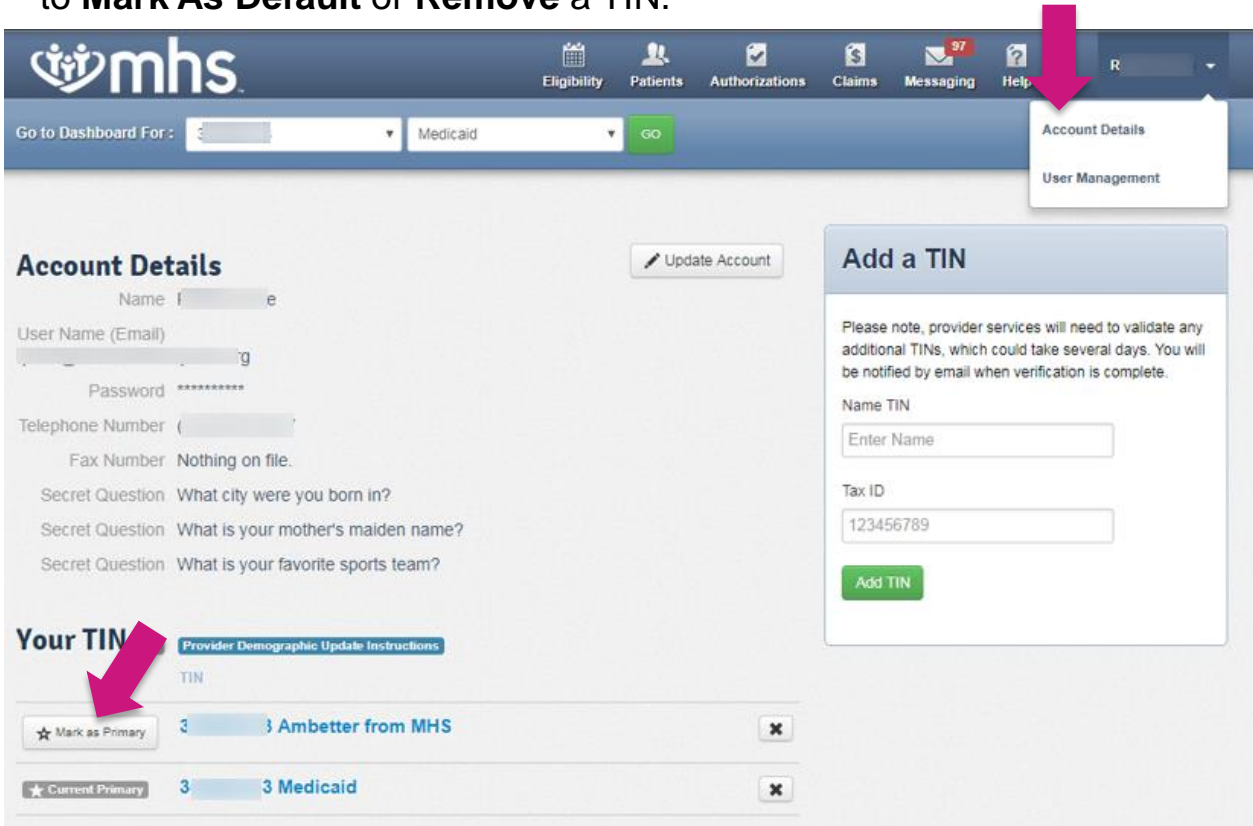
If your panel is full or has been placed on hold and you would like to add a member, please use the Panel Management Form below. There is no limit on the number or frequency of additions. For additional information about when a member can change their PMP selection and other important information, please review the [Provider Manual](#).

Account Details

 To view **Account Details**:

1. Select the **drop-down arrow** next to User Name at the upper right corner on the dashboard
2. Click **Account Details**.

Note: Under Your TINs you see the Current **Primary** Default TIN for the account, and can select another TIN to **Mark As Default** or **Remove** a TIN.



Account Details

Name: [Name] e

User Name (Email): [Email] g

Password: [Password]

Telephone Number: [Number]

Fax Number: Nothing on file.

Secret Question: What city were you born in?

Secret Question: What is your mother's maiden name?

Secret Question: What is your favorite sports team?

Your TIN

Provider Demographic Update Instructions

TIN

★ Mark as Primary 3 Ambetter from MHS

★ Current Primary 3 3 Medicaid

Add a TIN

Please note, provider services will need to validate any additional TINs, which could take several days. You will be notified by email when verification is complete.

Name TIN

Enter Name

Tax ID

123456789

Add TIN

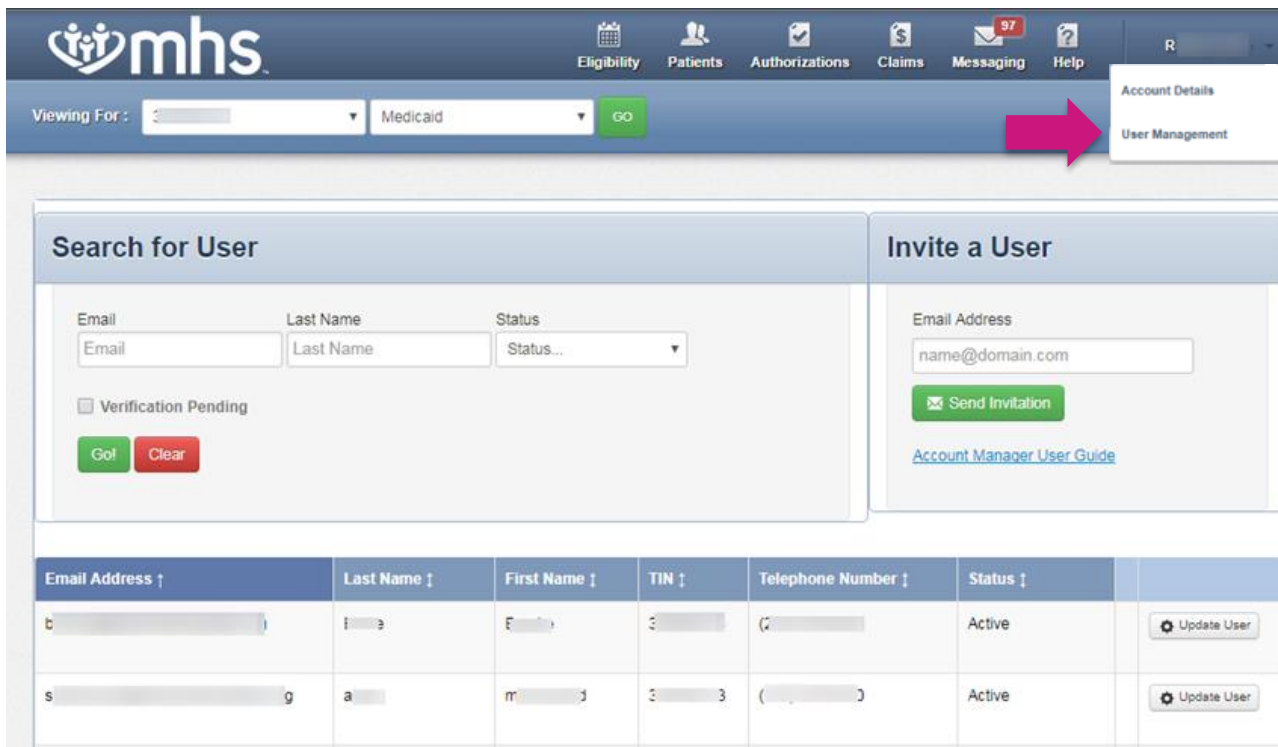
 [Update Account Details User Guide](#)

Account Manager



User Management

For **Account Managers** to manage their office staff/users associated with their practice: you can disable/enable users, and manage permissions for your account.

1. Select the drop-down arrow next to your name in the upper right corner.
2. Select **User Management**.
3. Click **Update User** next to the user name.



The screenshot shows the mhs Account Manager interface. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 97 notification), and Help. A dropdown menu is open next to the user's name 'R', showing options for 'Account Details' and 'User Management'. A pink arrow points to 'User Management'. Below the navigation bar, there's a 'Viewing For' section with a dropdown set to 'Medicaid' and a 'GO' button. The main content area is divided into two panels: 'Search for User' and 'Invite a User'. The 'Search for User' panel has input fields for Email, Last Name, and Status, a 'Verification Pending' checkbox, and 'Go!' and 'Clear' buttons. The 'Invite a User' panel has an 'Email Address' input field with the placeholder 'name@domain.com', a 'Send Invitation' button, and a link to the 'Account Manager User Guide'. Below these panels is a table listing users with columns for Email Address, Last Name, First Name, TIN, Telephone Number, Status, and an 'Update User' button for each row.

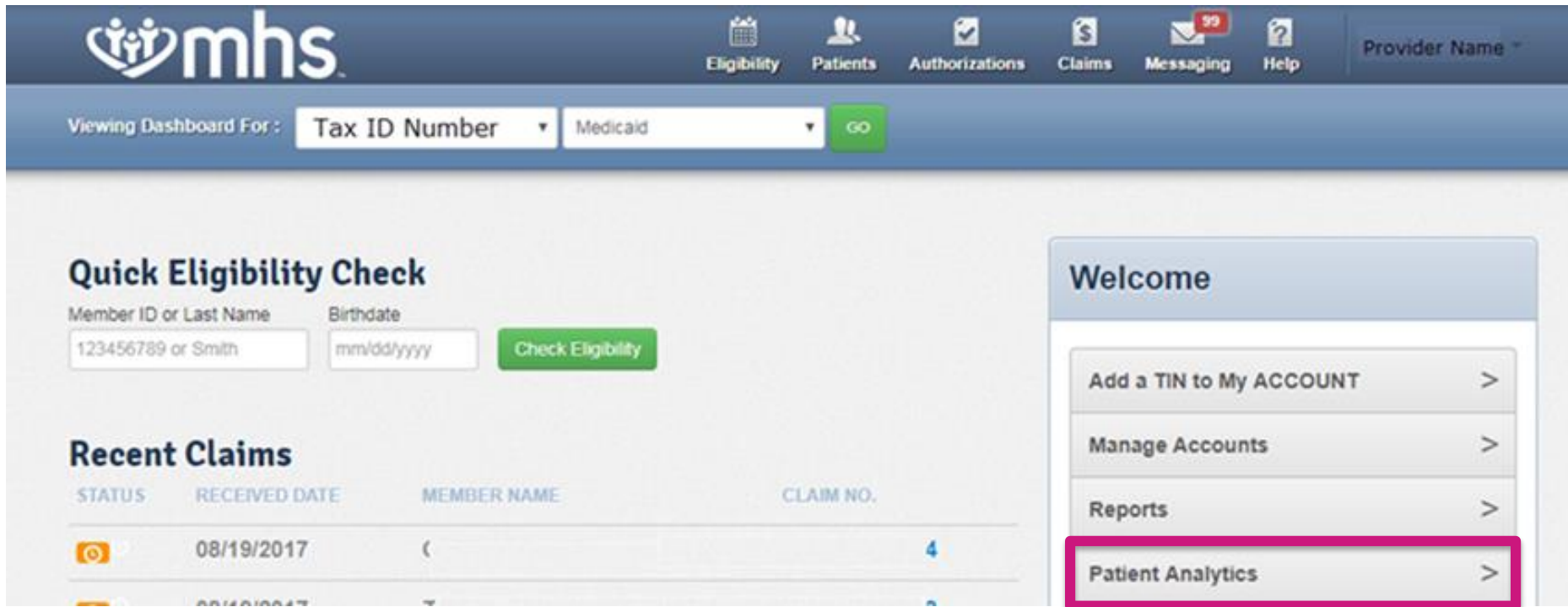
Email Address ↑	Last Name ↑	First Name ↑	TIN ↑	Telephone Number ↑	Status ↑	
b	i	E	3	(2)	Active	 Update User
s	a	m	3	()	Active	 Update User

 [Account Manager User Guide](#)

Quality Reports

Patient Analytics

 Click on **Patient Analytics** to view reports.




The screenshot shows the mhs Patient Analytics dashboard. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 99 notification), and Help. Below this is a header with the mhs logo and a 'Provider Name' field. The main content area has a 'Viewing Dashboard For:' section with dropdowns for 'Tax ID Number' and 'Medicaid', and a 'GO' button. On the left, there's a 'Quick Eligibility Check' section with input fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (containing 'mm/dd/yyyy'), and a 'Check Eligibility' button. Below that is a 'Recent Claims' section with a table. On the right, there's a 'Welcome' sidebar with a list of links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', and 'Patient Analytics' (which is highlighted with a red box).

Quick Eligibility Check

Member ID or Last Name: Birthdate: [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	08/19/2017	(4

Welcome

- [Add a TIN to My ACCOUNT](#)
- [Manage Accounts](#)
- [Reports](#)
- [Patient Analytics](#)

Patient Analytics

Patient Analytics

1. **Tabs:** Patients, Reports

2. **Logout Button:** (Not shown, in upper right hand corner)

3. **Search:** Patients by Name or Medicaid ID

4. **Filters and Export Features:** View All Patients, Filter Patients, Create PDF, Export

4a. **Manage Filters:** Filter Patients By: Disease & Condition. Includes checkboxes for various medical conditions.

5. **Timeframe:** Includes claims posted by 5/11/2017

Member Number	Member Name	Member Address	Age_Gender_DOB	Member Phone	High Priority Care Opportunities	Risk Score	IP Probability Score	IP Stays in last 30 days	ER Visits within 90 Days	SubGroup	Phys
50_F_09/12/1996					3	2.15	4.7 %	0	0	Market Place	
57_M_10/17/1959					1	4.3	5.1 %	0	0	Market Place	
59_F_03/21/1958					2	0.87	5.2 %	0	0	Market Place	
34_M_05/17/1982					0	0.72	1.7 %	0	1	Market Place	
55_F_11/02/1950					3	0.7	5.2 %	0	0	M	
33_F_04/20/1984					4	2.45	12 %	0	0	M	
34_F_05/02/1983					1	0.5	12 %	0	0	M	
29_M_08/10/1987					1	0.62	1.5 %	0	0	M	
58_M_03/27/1959					1	1.45	5.1 %	0	0	M	
51_F_07/12/1955					4	2.89	4.7 %	0	0	M	
62_M_07/01/1954					1	1.81	5.4 %	0	0	M	

Manage Filters

Business Rules SubGroup Physician

Filter Patients By: Disease & Condition

Click on the check box to select a Disease or Condition. Click on the "+" sign to see more choices.

- ☐ Cancer
- ☐ Cardiology
- ☐ Chemical Dependency
- ☐ Congenital
- ☐ Dermatology
- ☐ Endocrinology
- ☐ Gastroenterology
- ☐ General Utilization and Complications
- ☐ Gynecology
- ☐ Hematology
- ☐ Hepatology
- ☐ High Cost Chronic Conditions
- ☐ Infectious Diseases
- ☐ Neonatology

Submit Reset Close

Page 1 of 1

Patients Tab

- 1. Tabs:** Allows the providers to choose between the Patients information and Reports.
- 2. Logout Button:** For security purposes, logout to protect patient information. Not shown, in upper right hand corner.
- 3. Search:** Allows providers to search by the patient's name, Medicaid, Medicare or Marketplace ID number.

- 4. Filters and Export Features:** Allows users to view all patients or filter by multiple criteria. The users will also have the ability to create a PDF document or export a detailed patient profile.

4a. Manage Filters: Filter the patient list by business rules, subgroups, and physicians.

- 5. Timeframe:** Provides the date when claims have been posted, followed by a link to contact for questions or concerns.

Patient Analytics

Patient Analytics

Currently logged into: Logged in as: [User] | Log Out

Patients | Reports

Search: [Back To Patient List](#)

1 Member Number: 11- [Redacted] Member Name: J. [Redacted] S. [Redacted] Member Address: [Redacted]
 Age_Gender_DOB: 5- [Redacted] Member Phone: ([Redacted]) [Redacted] Preventative/Visit Care Opps: 1
 Diabetic Care Opportunities: 4 Womens Health Care Opportunities: 1 IP Stays in last 30 days: 0
 ER Visits within 90 Days: 0

2 All Care Opportunities **3** Diagnosis **4** Procedures **5** Medications **6** Lab/Observational **7** Care Team

[Create PDF](#)

* - Prospective Measures

Conditions	All Patient Care Opportunities	Quality Measure	Compliance
Breast Cancer	* Breast Cancer-EBM - Pt(s) age 52 - 74 yrs should have a screening mammogram every 27 mos (HEDIS). NS-H	★	No
Diabetes	* Diabetes-EBM - Adult(s) w/ diabetes should have an LDL cholesterol w/in prospective rpt period. CP-I	★	No
Diabetes	* Diabetes-EBM - Pt(s) should have ambulatory care for diabetes w/in prospective rpt period. CP-I	★	No
Diabetes	* Diabetes-EBM - Pt(s) 18 - 75 yrs of age w/ diabetes who should have an annual HbA1c test (HEDIS). NS-H	★	No
Diabetes	* Diabetes-EBM - Pt(s) 18-75 yrs of age w/evidence of poor diabetic control (> 9.0%) should have an HbA1c test <9.0% (HEDIS). NSHA	★	No
Diabetes	* Diabetes-ECC EBM - Pt(s) 18 - 75 yrs of age w/ diabetes who should have an annual screening for nephropathy or evidence of nephropathy. CP-N	★	No

[Includes claims posted by 3/13/2017](#)
[Contact Us](#)

Patient Profile

- Member Demographics:** Displays information about the member.
- All Care Opportunities:** *The default landing page for patient details.* Displays care opportunities or measures that indicate if a patient has or has not received treatment for a health condition.
- Diagnosis:** Shows primary and secondary diagnoses from claims data.
- Procedures:** Shows patient procedures associated with primary and secondary diagnoses.
- Medications:** Displays a list of medications prescribed to the patient.
- Lab/Observational:** Shows lab values, interpretations, and trends.
- Care Team:** Allows users to view the patient's providers. Providers are labeled as Managing Doctor or Other Doctor.

Patient Analytics

 Quality Measure Report by selected groups and filters.

Patient Analytics

Currently logged in as: 5 | [Log Out](#)

[Patients](#) [Reports](#)

View a report by clicking on image below

Quality Measure Report

Monitor Quality Measures
This report displays all Quality Measures for your patients. It includes the compliance status of each measure and the ability to access the specific patient info and details.

Management Reports

Patient Management Reports
This report displays all Patient Registries for your patients. It includes the number of patients for each registry and the ability to access the specific patient info and details.

Additional Reports

Saved Reports
This section displays all of your saved reports.

[Includes claims posted by 3/13/2017](#)
[Contact Us](#)

Currently logged in as: F | [Log Out](#)

[Patients](#) [Reports](#)

[Reports Landing Page](#)

Monitor Quality Measures

[Submit](#) [Reset](#) [Create PDF](#) [Export](#) [Save](#)

Summary of Quality Measure Results Total | 1220 Compliant | 337 Non-Compliant | 883 Rate | 27.6%

Group by: 1 Group by Options selected

Refine your results with multiple-selection filters and click **Submit**

Filter by: Compliant & Non-Compliant

Filter by: Select one or more Lines of Business

Filter by: Select one or more Quality Measures

Table Grouped by | **Quality Measure** Total Number of Rows | 52

Page 1 of 6

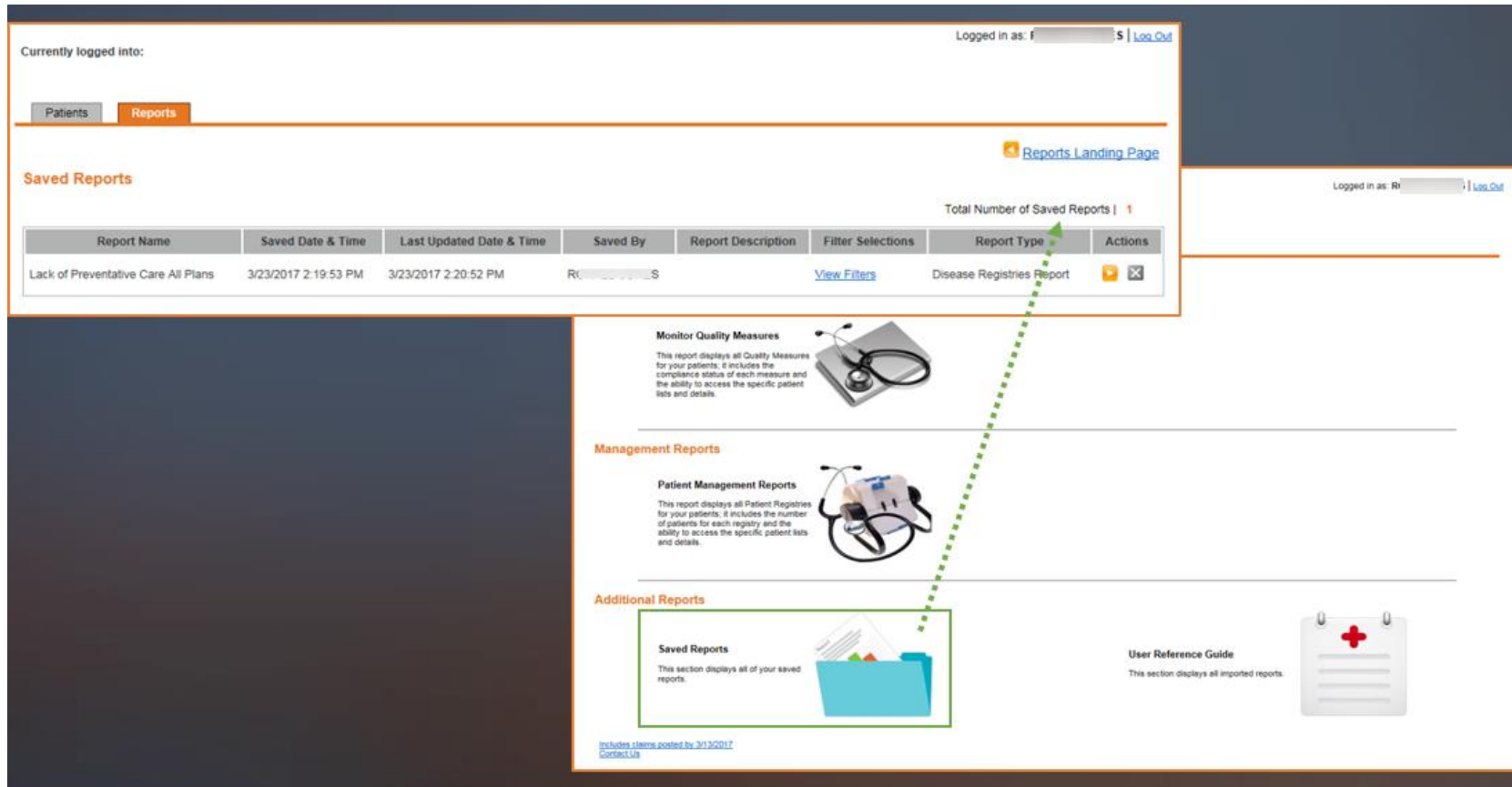
Quality Measure Description	Total	Compliant	Non-Compliant	Compliance Rate (%)
ADHD-EBM - Pt(s) w/outpt, intensive outpt or partial hosp should have a follow-up visit w/prescrib provider during the 30 days after the initial ADHD Rx (HEDIS, HP). NS-H	1	0	1	0%
Alcohol / Tobacco / Substance Abuse-EBM - Current tobacco users should rec'v medical assistance for tobacco use cessation w/in the prospective rpt period. R-1	26	3	23	11.5%
Asthma-EBM - Adult(s) w/ presumed persistent asthma not using an inhaled corticosteroid or acceptable alternative. R-1	4	3	1	75%
Asthma-EBM - Ped pt(s) w/ presumed persistent asthma w/o inhaled corticosteroid or acceptable alternative. R-1	9	8	1	88.9%
Asthma-EBM - Pt(s) w/o ambulatory care for asthma in last 6 rpt mos. CP-1	27	12	15	44.4%
Body Mass Index-EBM - Pt(s) 3-17 yrs of age should have an outpt visit w/PCP or OB/GYN & have evidence of BMI % documented annually (HEDIS). NS-H	26	0	26	0%
Body Mass Index-EBM - Pt(s) 3-17 yrs of age should have an outpt visit w/PCP or OB/GYN & have nutrition counseling annually (HEDIS). NS-H	26	0	26	0%

[Includes claims posted by 3/13/2017](#)
[Contact Us](#)

Quality Measure Report: Monitor Quality Measures Report

- Users are able to view reports by selected grouping and filtering options.

Patient Analytics



Currently logged into: Logged in as: f | [Log Out](#)

[Patients](#) [Reports](#)

[Reports Landing Page](#)

Saved Reports

Total Number of Saved Reports | 1

Report Name	Saved Date & Time	Last Updated Date & Time	Saved By	Report Description	Filter Selections	Report Type	Actions
Lack of Preventative Care All Plans	3/23/2017 2:19:53 PM	3/23/2017 2:20:52 PM	R. [redacted] S		View Filters	Disease Registries Report	Download Delete

Monitor Quality Measures

This report displays all Quality Measures for your patients. It includes the compliance status of each measure and the ability to access the specific patient lists and details.

Management Reports

Patient Management Reports

This report displays all Patient Registries for your patients. It includes the number of patients for each registry and the ability to access the specific patient lists and details.

Additional Reports

Saved Reports

This section displays all of your saved reports.

[Includes claims posted by 3/13/2017](#)
[Contact Us](#)

User Reference Guide

This section displays all imported reports.

Additional Reports

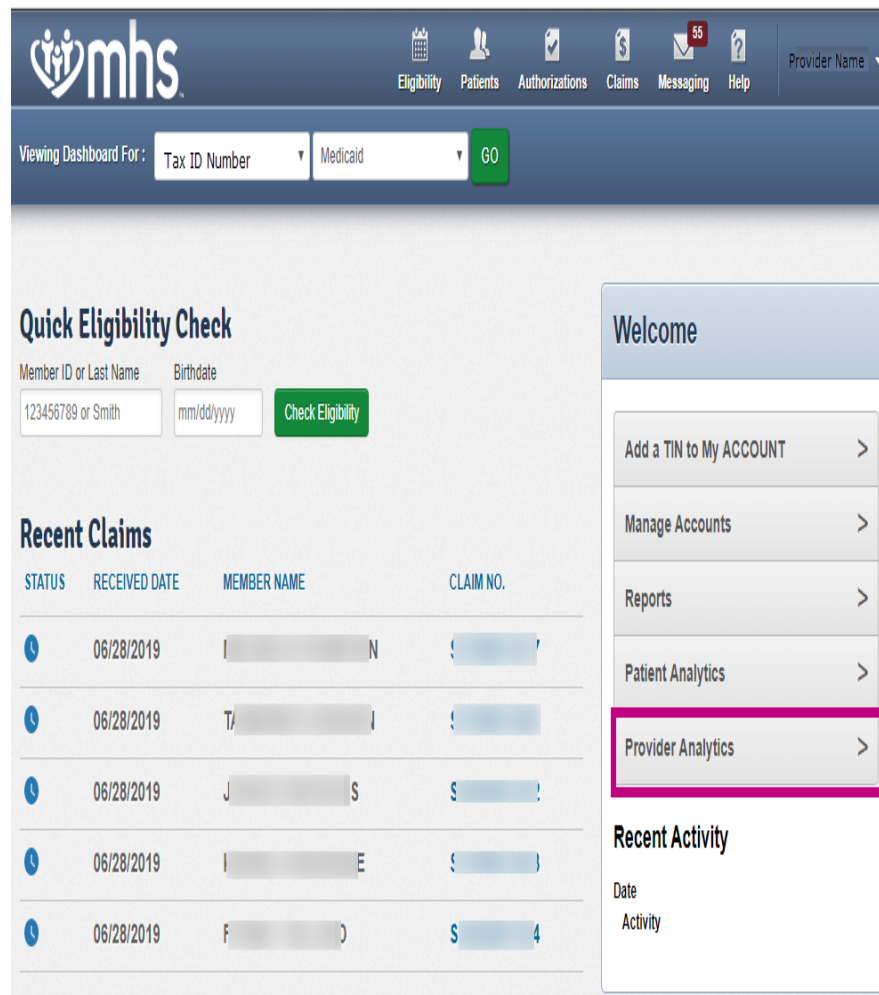
Saved Reports:

- Shows reports saved by current user.

Provider Analytics Overview and Navigation Guide

To navigate **Provider Analytics**:

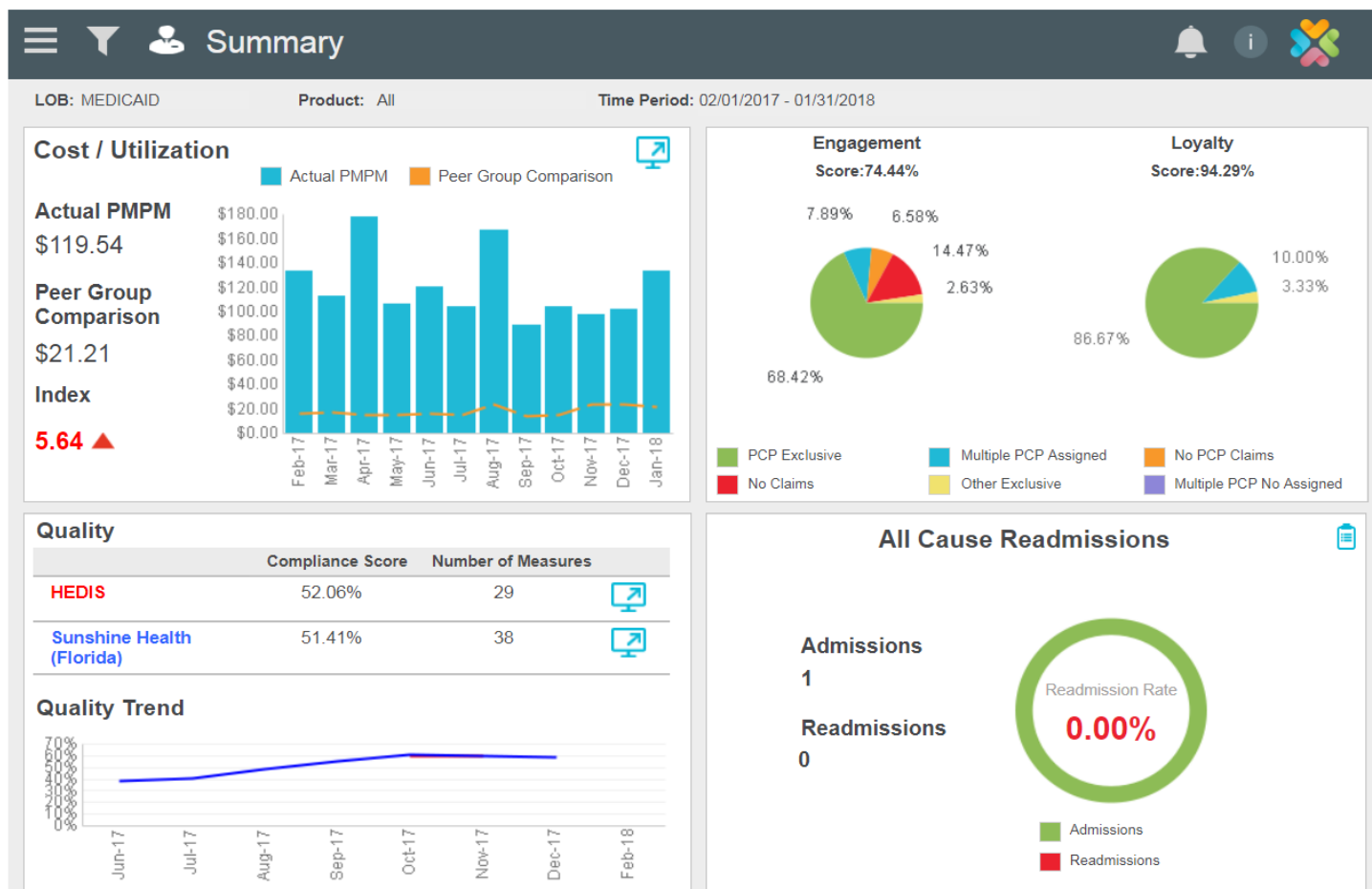
1. Click on the ***Provider Analytics*** tab to be directed to the landing page.
2. Here you will be able to view four dashboards:
 - a. Cost/Utilization
 - b. Engagement Analysis
 - c. Quality
 - d. Readmission by Disease State



The screenshot shows the mhs Provider Analytics dashboard. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a dropdown menu shows 'Provider Name'. The main content area is divided into two columns. The left column contains a 'Quick Eligibility Check' section with input fields for 'Member ID or Last Name' (123456789 or Smith) and 'Birthdate' (mm/dd/yyyy), and a 'Check Eligibility' button. Below this is a 'Recent Claims' table with columns for STATUS, RECEIVED DATE, MEMBER NAME, and CLAIM NO. The right column contains a 'Welcome' section with a list of links: 'Add a TIN to My ACCOUNT', 'Manage Accounts', 'Reports', 'Patient Analytics', and 'Provider Analytics' (highlighted with a red box). Below this is a 'Recent Activity' section with a table for Date and Activity.

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
⌚	06/28/2019	I [REDACTED] N	\$ [REDACTED]
⌚	06/28/2019	T [REDACTED] I	\$ [REDACTED]
⌚	06/28/2019	J [REDACTED] S	\$ [REDACTED]
⌚	06/28/2019	I [REDACTED] E	\$ [REDACTED]
⌚	06/28/2019	F [REDACTED] D	\$ [REDACTED] 4

Provider Analytics Navigation Guide



Landing Page Overview



Summary Banner: The dark grey banner contains five icons that will help you navigate the information on the page. You can hover over each icon to view a definition of each icon's purpose.

- Navigation Bar (three horizontal lines)
- Funnel – Used to filter data
- Person – Provider information
- Bell – Alerts
- An “i” with a circle – Information

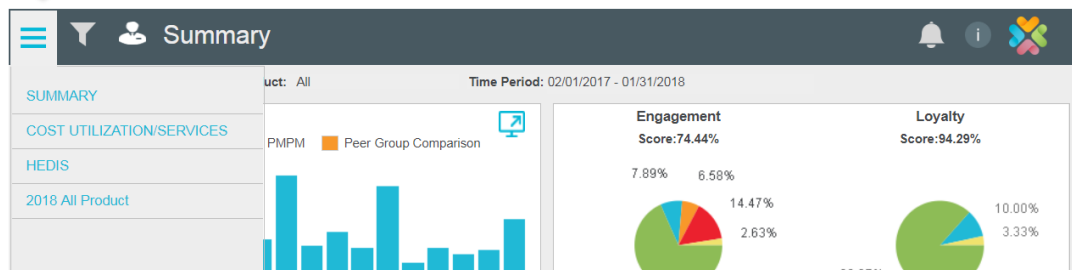


Navigation Bar Drop Down: The following options appear:

- Summary
- Cost/Utilization Services
- Quality
- Lab
- Pharmacy



Case studies have been developed that highlight detailed use cases for each tab.



Landing Page Overview

Payment History

- Added to the drop down bar.
- PDF Report only.
- Ensures all providers have access to prior VBC scorecards.
- Providers in current P4P program have access to PDF copies.
- Providers no longer participating still have access to prior months.



Landing Page Overview

 **Funnel Icon:** Use this to select an option to view data specific to selected criteria

- **Line of Business**

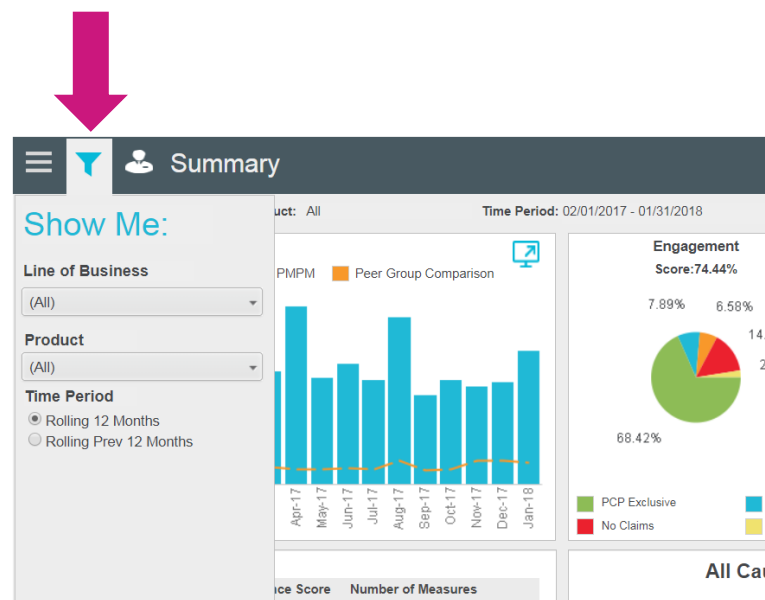
- Commercial
- Medicaid
- Medicare

- **Product**

- Medicaid
- Marketplace
- Medicare

- **Time Period**

- Rolling 12 months from current date
- Previous rolling 12 months
- Note: There is a 3-month data lag



Dashboard View



Cost/Utilization: This dashboard will show your actual Per Member Per Month compared to expected on a monthly basis.



Quality: The Quality dashboard in the lower left quadrant shows HEDIS and Value Based Contract (VLC) performance



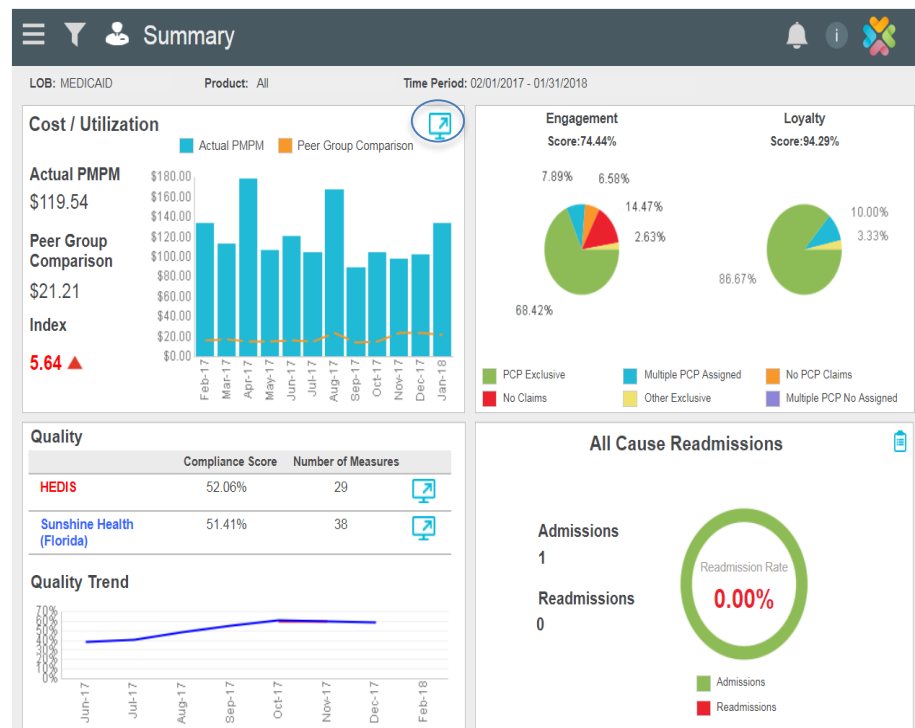
Engagement Analysis: This dashboard will show a view of your members' utilization of PMP and healthcare services.




Readmission by Disease State: This dashboard will show total inpatient visits and total readmits. It will show the number of total readmits and those without PMP follow-up and follow-up rate.



The Cost/Utilization and Quality sections have dashboards providing more specific data down to the member level. To view this data, click on the **blue computer monitor icons**.




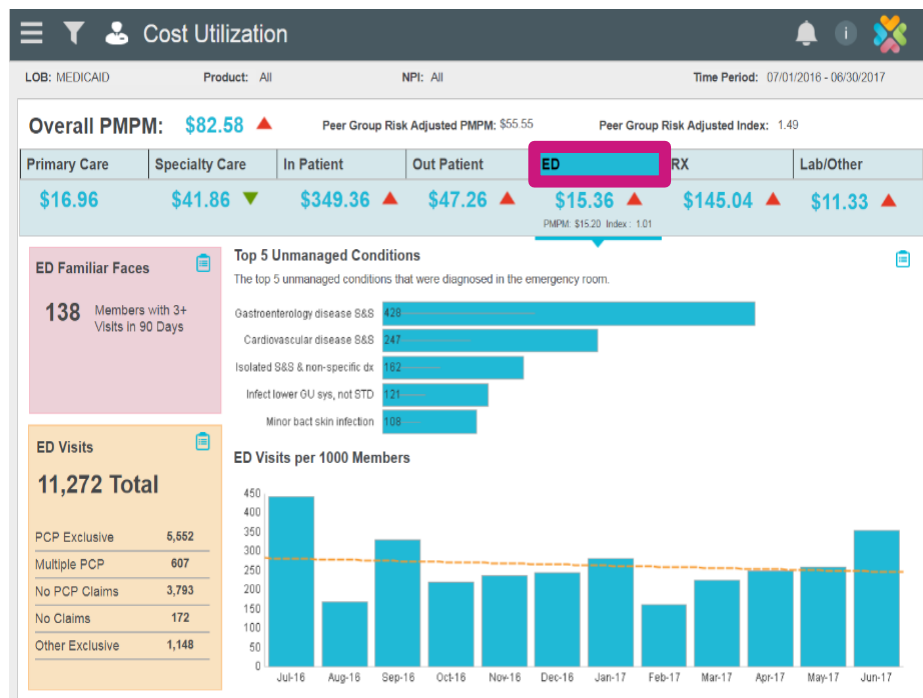
Cost & Utilization: ED

 Shows PMPM for ED visits compared to peers' risk-adjusted PMPM.

 Four sections:

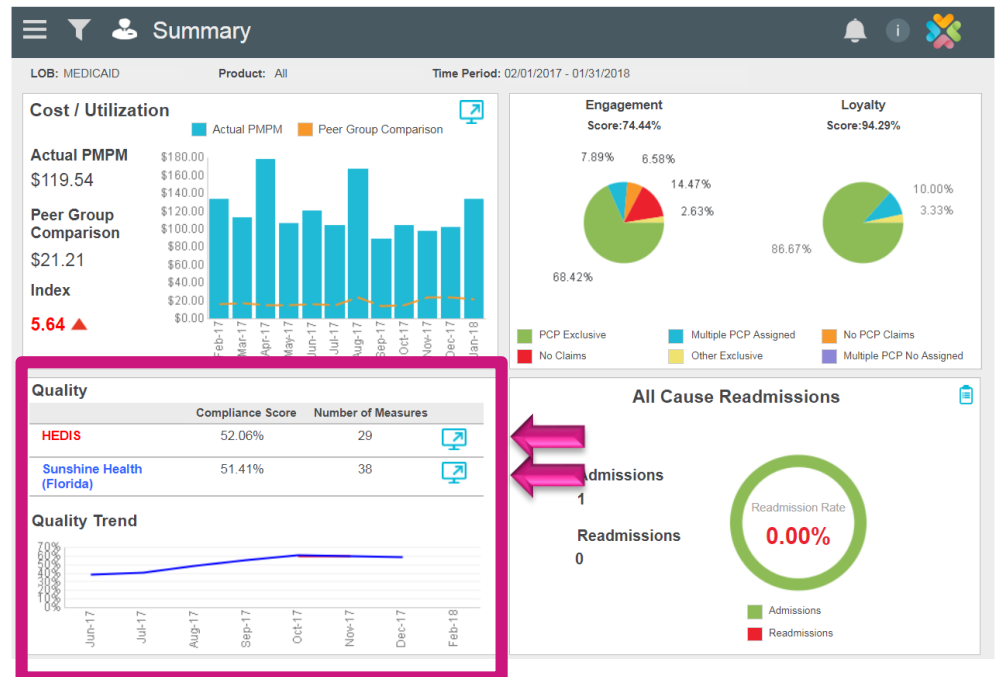
- Bar graph shows top five unmanaged conditions
- Bottom of the page shows average ED visits for provider's patients compared to plan.
- Box on top left side shows number of patients with 3+ visits in the last 90 days.
- Box on bottom left side shows number of total ED visits by engagement category.

 Click on the charts for patient-level detail.



Quality HEDIS View

- Shows trends in closing HEDIS care gaps and earnings from any Pay for Performance(P4P) programs.
- Click the blue screen next to HEDIS to view performance in 100+ care gaps and export member-level reports.
- Click the blue screen next to VBC PPM to see earnings from P4P program, amount outstanding and amount left to earn per measure.



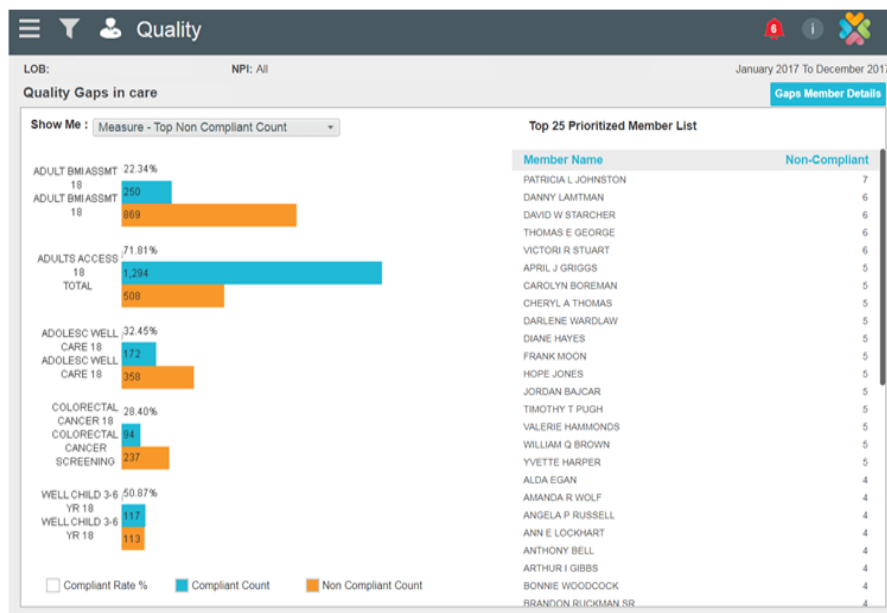
Quality HEDIS View: Gaps in Care

 Left defaults to top five measures by non-compliant count.

 Drop-down arrow changes view to see:


- Measures – Non-compliant count, compliant count, compliant rate % or all.
- NPI – Non-compliant count, compliant count, compliant rate % or all.

 Right side displays top 25 members with the most open care gaps.



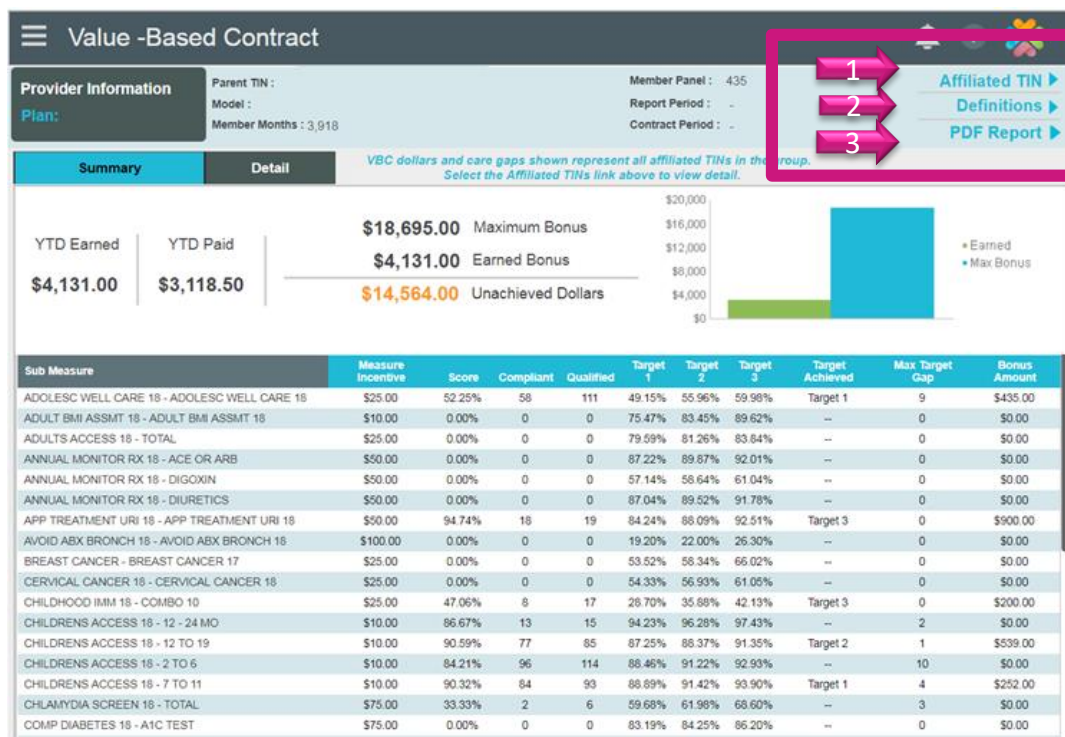
Quality HEDIS View

 For providers in P4P arrangement.

 Value-Base Contract: Shows measure incentive, amount earned, and unachieved dollars.

 In right hand corner:

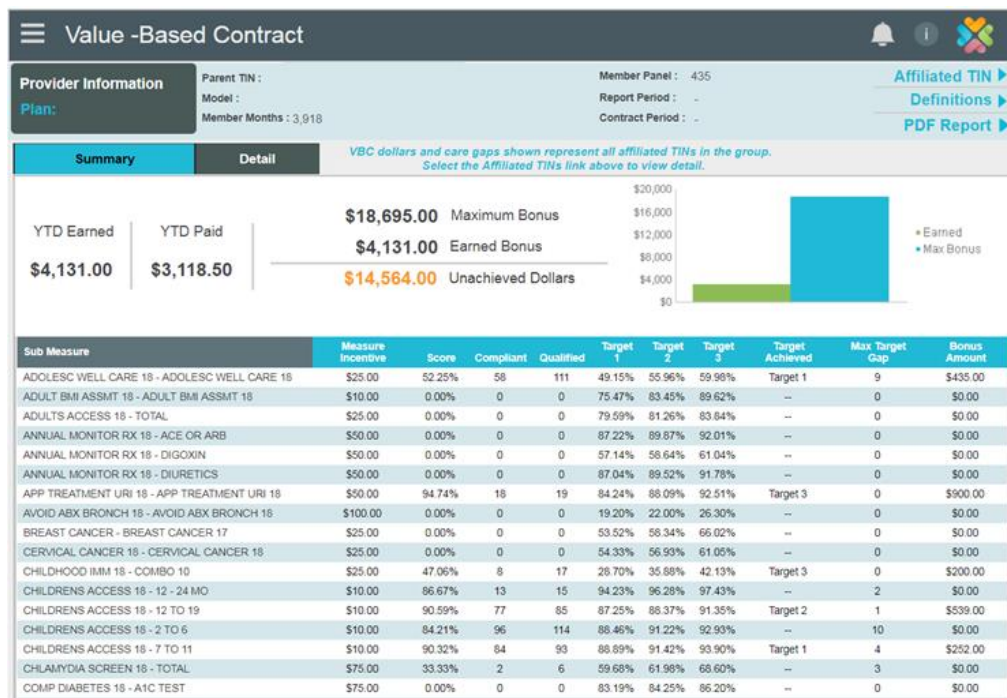
1. All TINs associated with P4P program.
2. List of definitions and meanings.
3. Scorecard summarizing provider's performance in Quality.



Quality HEDIS View


 You can also view:


- Compliant Score
- Compliant and Qualified number per Sub Measure
- Target levels for compliant percentage needed to earn a payout
- Target level achieved
- Number of gaps needed to close to reach Maximum Target Level
- Bonus Amount earned

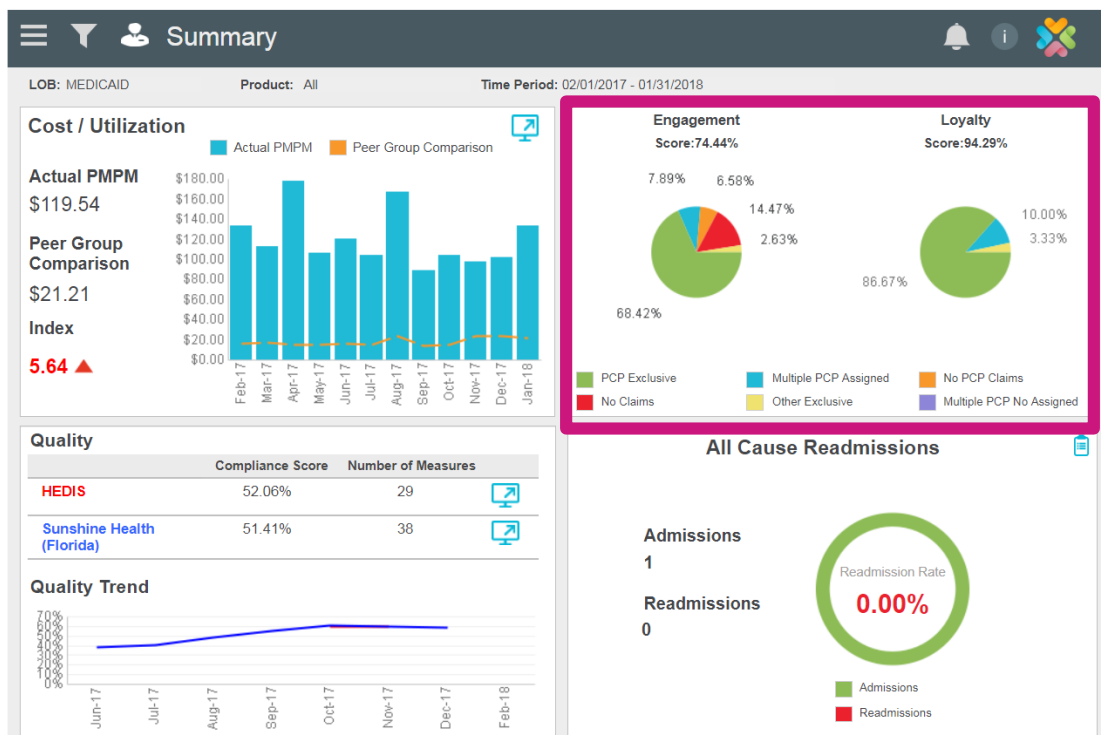


Engagement & Loyalty Analysis


Classifies member interactions with Primary Medical Physician (PMP) services into two main categories:

 **Provider Engagement:**
Measures provider's efficiency with engaging assigned members to be seen for a primary care visit annually; **includes all assigned members.**

 **Provider Loyalty:**
Measures the provider's ongoing effort to maintain exclusivity as the PMP for assigned panel once members have PMP activity; **excludes assigned members without any PCP visits.**



Engagement & Loyalty Analysis

 Provider Engagement is broken into six sub-categories to help identify patient activity and prioritize for outreach.

Patient Segment	Segment Traits	Engagement Strategy
PCP Exclusive	These patients have been assigned to you and have been seen by you or one of your partners.	Identify which of these members have care gaps and close at their next appointment.
Multiple PCP Assigned	These patients are assigned to you, but have been seen by your practice AND other PCP groups.	Initiate a patient outreach plan, set an appointment if appropriate, close care gaps, discuss benefits of PCP loyalty.
No PCP Claims	These are patients who seek all of their care from specialists, ER, and Urgent Care.	Outreach and set an appointment for a PCP visit, identify health risks and set follow-up appointments, discuss benefits of loyalty.
Other Exclusive	These patients are assigned to you, but have been seeing another PCP group exclusively.	Outreach to members to discuss updating their assigned PCP to the doctor they have been seeing for care.
No Claims	These patients are assigned to you but have no claim data to indicate they have received any medical care from a PCP, emergency department or urgent care center.	Outreach and set an appointment for PCP visit. Identify health risks and set follow-up appointments, discuss benefits of loyalty.
Multiple PCP No Assigned	These patients are assigned to you, but have only been seen other PCP groups.	Outreach to members to discuss benefits of loyalty and promote hours and availability, identify members with care gaps and set appointment for PCP visit.

Member Eligibility and Overview

Check Member Eligibility

The **Eligibility** tab offers an **Eligibility Check** tool designed to quickly check the status of any member.

- Update the **Date of Service**, if necessary.
- Enter the **Member ID** or **Last Name** and **DOB (Date of Birth)**.
- Click **Check Eligibility**.

Eligibility status is indicated by a **Green** Thumbs-Up for **Eligible** and an **Orange** Thumbs-Down for **Ineligible**.

Eligibility Check

Date of Service: 08/28/2017
Member ID or Last Name: 123456789 or Smith
DOB: mm/dd/yyyy

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	RIGHT CHOICE PROGRAM
Ineligible	08/28/2017	F N	08/28/2017		<input type="button" value="Remove"/>
	08/28/2017	T S	08/28/2017	Risk Category Alerts: COPD/Asthma	<input type="button" value="Emergency Room Visit?"/> <input type="button" value="Remove"/>
	08/28/2017	T P S	08/28/2017	Risk Category Alerts: COPD/Asthma Member has had 3 or more emergency room visits in past 90 days.	<input type="button" value="Emergency Room Visit?"/> Yes <input type="button" value="Remove"/>

Details for any member can be viewed by clicking on the **Member's Name**.

Care Gaps can also be seen within the search results.

By clicking **Emergency Room Visit?**, an ER visit will be indicated.

Right Choice Program indicator labeled **Yes**.

MHS Member Overview

[Back to Patient List](#)

Member Name

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

👍 This patient is eligible as of today, Jun 11, 2018.

Patient Information

Name S S

Gender F

Birthdate E

Age 5

Member # 1

Member # U

Address 4 E

Phone Number ()

Email N/A

PCP Information

Name ANGELIQUE BROWN

Address 8777 BROADWAY
STE C
MERRILLVILLE, IN 46410

Practice Type FAMILY PRACTICE

Phone Number (219) 738-3854

[View PCP History](#)

[EPSDT](#)

[Care Gaps](#)

Risk Category Alerts: Ischemic Vascular Disease

Non-compliant for annual well visit.

[Allergies](#)

None On File

Eligibility History

Start Date	End Date	Program
May 1, 2018	Ongoing	State Plus, Copay - ER only

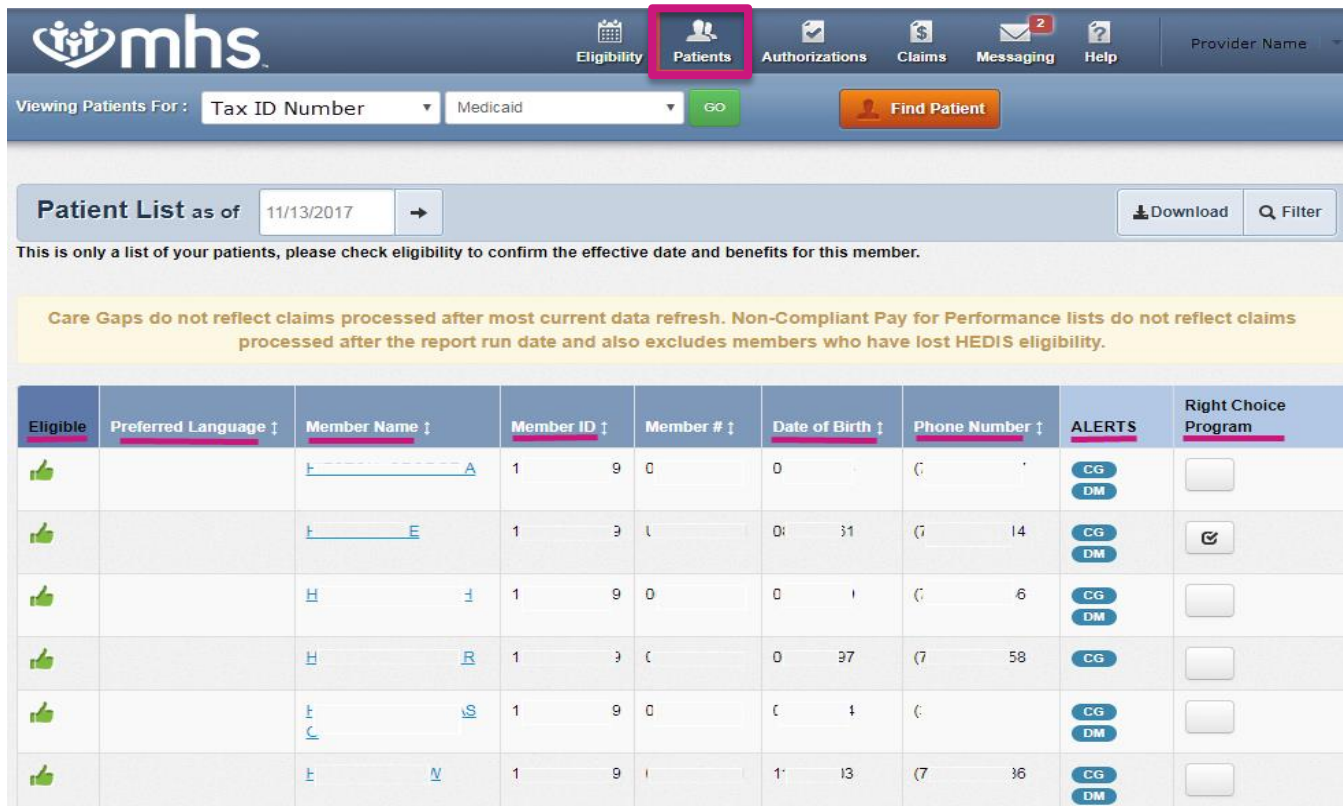
[View Clinical Information](#)

Overview Tab

1. Patient Information
2. Eligibility History
3. PCP Information and PCP History
4. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
5. Care Gaps
6. Allergies

View Patient List

- Click **Patients** tab at the top of the screen.
- The Patient List appears displaying **Eligibility Status**, **Preferred Language**, **Member Name**, **Medicaid ID**, **DOB**, **Phone Number**, **Alerts** and **Right Choice Program**.
- To download the patient list to Excel, click **Download**. This allows for you to manage your patient information as desired in Excel.



The screenshot shows the mhs web application interface. At the top, the navigation bar includes tabs for Eligibility, Patients (highlighted with a red box), Authorizations, Claims, Messaging (with a red badge showing 2), and Help. Below the navigation bar, there are filters for 'Viewing Patients For' (Tax ID Number, Medicaid) and a 'Find Patient' button. The main content area shows the 'Patient List as of 11/13/2017' with a 'Download' button and a 'Filter' button. A disclaimer states: 'This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member.' Below this, a yellow banner reads: 'Care Gaps do not reflect claims processed after most current data refresh. Non-Compliant Pay for Performance lists do not reflect claims processed after the report run date and also excludes members who have lost HEDIS eligibility.' The patient list table has the following columns: Eligible, Preferred Language, Member Name, Member ID, Member #, Date of Birth, Phone Number, ALERTS, and Right Choice Program. The table contains six rows of patient data.

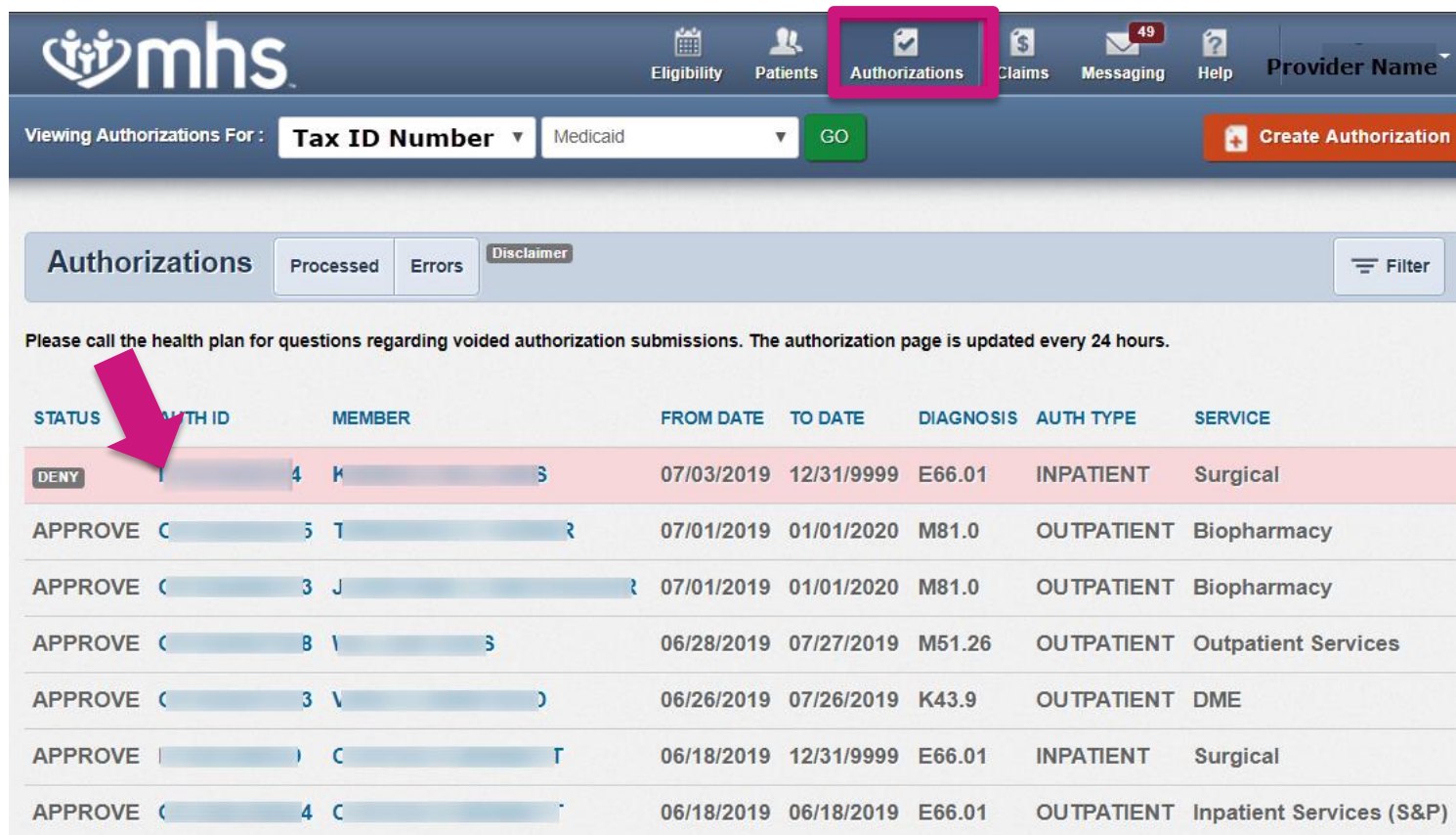
Eligible	Preferred Language	Member Name	Member ID	Member #	Date of Birth	Phone Number	ALERTS	Right Choice Program
👍		T. A	1 9 0		0	(7) 1	CG DM	<input type="checkbox"/>
👍		T. E	1 3 1		01/31	(7) 14	CG DM	<input checked="" type="checkbox"/>
👍		H. J	1 9 0		0	(7) 6	CG DM	<input type="checkbox"/>
👍		H. R	1 3 0		0 37	(7) 58	CG	<input type="checkbox"/>
👍		T. S	1 9 0		0	(7)	CG DM	<input type="checkbox"/>
👍		T. V	1 9 1		11/13	(7) 36	CG DM	<input type="checkbox"/>

Authorizations

Authorizations

 View, create and filter group Authorizations.

- Click on the **AUTH ID** to see additional information.



Viewing Authorizations For: **Tax ID Number** Medicaid **GO** **Create Authorization**

Authorizations Processed Errors **Disclaimer** **Filter**

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
DENY	4	K	07/03/2019	12/31/9999	E66.01	INPATIENT	Surgical
APPROVE	5	T	07/01/2019	01/01/2020	M81.0	OUTPATIENT	Biopharmacy
APPROVE	3	J	07/01/2019	01/01/2020	M81.0	OUTPATIENT	Biopharmacy
APPROVE	8	V	06/28/2019	07/27/2019	M51.26	OUTPATIENT	Outpatient Services
APPROVE	3	V	06/26/2019	07/26/2019	K43.9	OUTPATIENT	DME
APPROVE		C	06/18/2019	12/31/9999	E66.01	INPATIENT	Surgical
APPROVE	4	C	06/18/2019	06/18/2019	E66.01	OUTPATIENT	Inpatient Services (S&P)

Authorization Details

 View Auth Status, Auth Nbr, Service, Provider of Service, Diagnosis Code(s), Explanation, Auth Type, From Date, To Date, Procedure Code, and Notes and Attachments.

[Back to Authorizations](#)

Member Name

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Auth Status: APPROVE

Auth Nbr: C 3

Service: DME

Provider of Service(s): RI

Diagnosis Code(s): K43.9

Explanation: Pay

Auth Type: OUTPATIENT

From Date: 06/26/2019

To Date: 07/26/2019

Procedure Code(s): 49652

Notes & Attachments: [View](#)

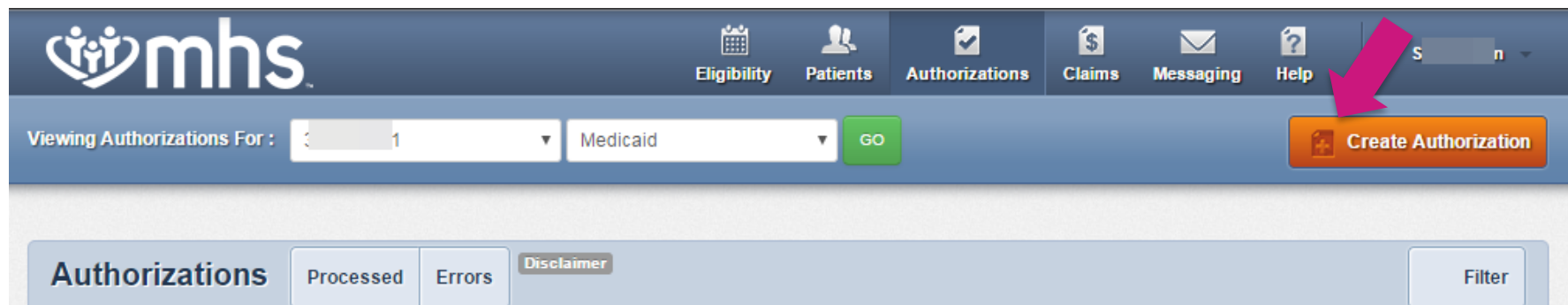
Line Item	Service type	Start Date	End Date	Units Req.	Units Apprd	Servicing Provider	Location	Status	Medical Necessity	Decision Date
1	DME	06/26/2019	07/26/2019	1	1	F	Unspecified	APPROVE	Met as requested	06/09/2019
2	DME	06/26/2019	07/26/2019	1	1	F	Unspecified	APPROVE	Met as requested	06/09/2019

[Back to Authorization List](#)

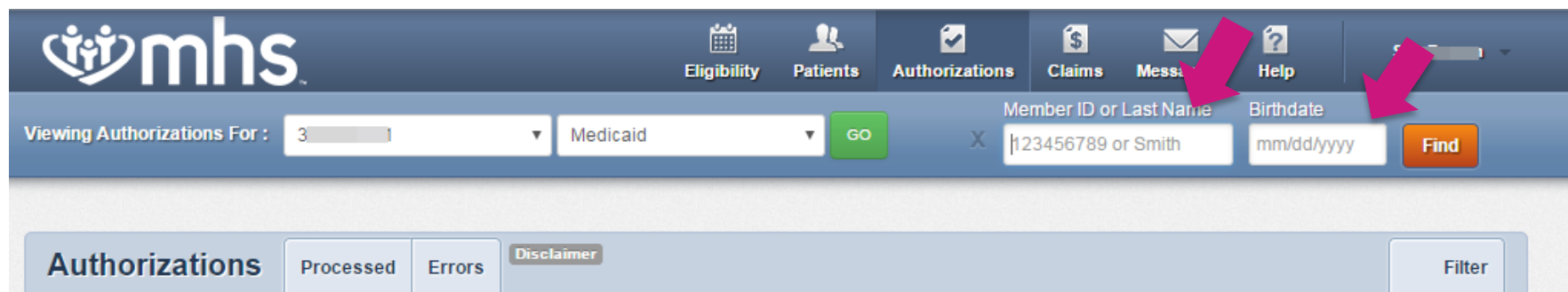
Create a New Authorization

New Authorization

- Click **Create Authorization**.
- Enter **Member ID** or **Last Name** and **Birthdate**.




The screenshot shows the mhs portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there is a section for 'Viewing Authorizations For' with a dropdown menu set to 'Medicaid' and a 'GO' button. To the right of this section is a large orange button labeled 'Create Authorization', which is highlighted with a pink arrow.








The screenshot shows the mhs portal interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there is a section for 'Viewing Authorizations For' with a dropdown menu set to 'Medicaid' and a 'GO' button. To the right of this section, there are two input fields: 'Member ID or Last Name' and 'Birthdate'. The 'Member ID or Last Name' field contains the text '23456789 or Smith' and the 'Birthdate' field contains the text 'mm/dd/yyyy'. A pink arrow points to the 'Member ID or Last Name' field, and another pink arrow points to the 'Birthdate' field. Below these fields is a 'Find' button. At the bottom of the page, there is a section for 'Authorizations' with tabs for 'Processed', 'Errors', and 'Disclaimer', and a 'Filter' button.

Creating a New Authorization

 Select a Service Type.



 Eligibility
  Patients
  Authorizations
  Claims
  Messaging
 Provider Name

Viewing Authorizations For :

TIN NUMBER

Medicaid

GO

Create Authorization

Authorization For

NE

DOB:

MEDICAID NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 877-647-4648 for after-hours urgent admission, inpatient notifications or requests.

Please note: Office visit authorization requests will only cover Evaluation and Management (E & M) codes. Other codes may require an additional authorization.

As of 10/1/15 Retro Authorizations with ICD-9 codes should not be submitted on the web. Authorizations after 10/1/15 should use ICD-10 codes.

Enter Authorization

1. PROVIDER REQUEST

☐ Urgent Request

Select a Service Type

NEXT >

2. SERVICE LINE

3. FINISH UP

Select a Service Type

Medical Outpatient

- Biopharmacy
- DME
- Drug Testing
- Genetic Testing & Counseling
- Home Health
- Imaging
- Office Visit
- Outpatient Services
- Transport

Medical Inpatient

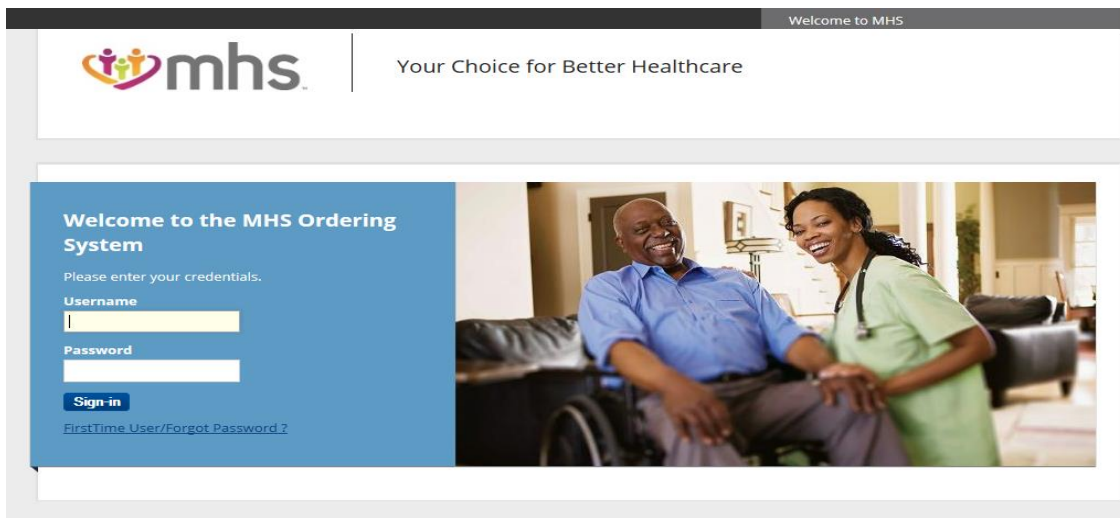
- C-Section Delivery
- Medical
- Premature/False Labor
- Rehab Inpatient
- Skilled Nursing
- Surgical Inpatient
- Transplant
- Vaginal Delivery

Authorization for Durable & Home Medical Equipment




Requests should be initiated via **MHS Secure** portal on **MHSIndiana.com**

1. Select **Authorizations** tab and click on **Create Authorization**.
2. Enter **Member ID** or **Last Name** and **Date of Birth**.
3. Choose **DME** and you will be directed to the Medline portal for order entry.

A screenshot of the MHS Ordering System login page. The page has a white header with the MHS logo and the tagline "Your Choice for Better Healthcare". Below the header, there is a blue login box on the left and a photograph of a healthcare professional assisting an elderly man in a wheelchair on the right. The login box contains the text "Welcome to the MHS Ordering System", "Please enter your credentials.", "Username" with a text input field, "Password" with a text input field, a "Sign-in" button, and a link for "FirstTime User/Forgot Password?".

Welcome to MHS

 Your Choice for Better Healthcare

Welcome to the MHS Ordering System

Please enter your credentials.

Username

Password

[Sign-in](#)

[FirstTime User/Forgot Password?](#)

Claims

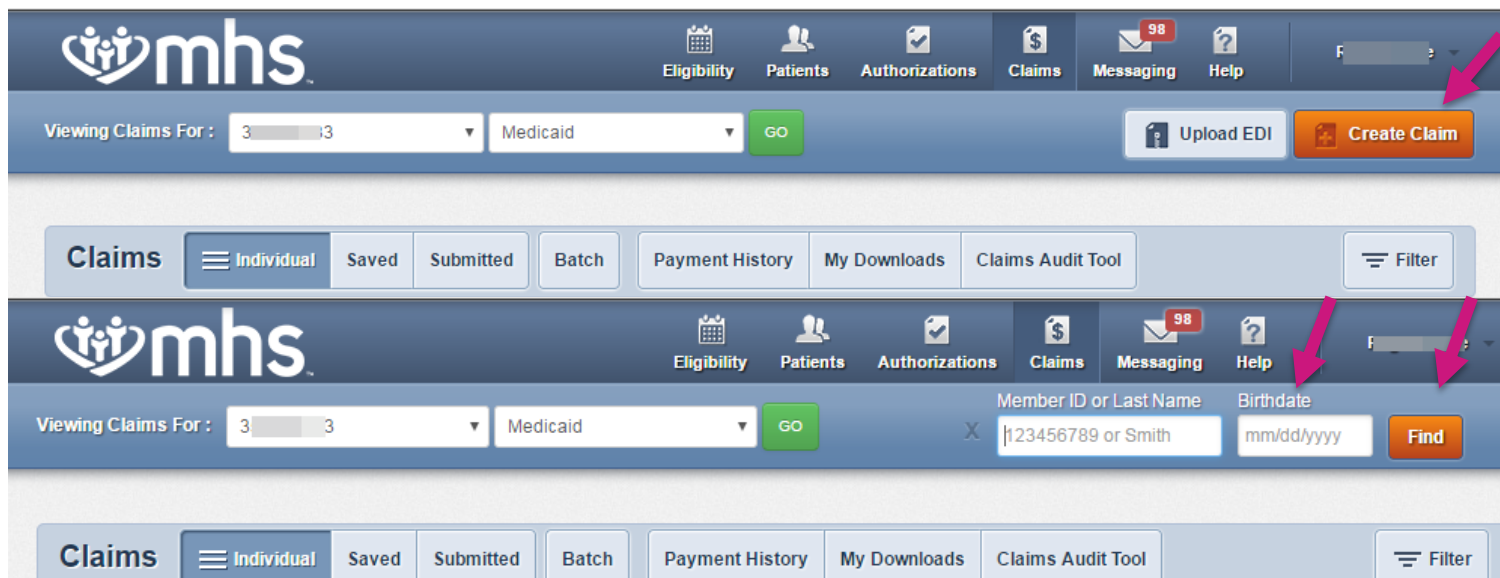
Claims

Claims Features

- **Submit** new claim.
- **Review claims** submitted for members.
- **Correct** claims.
- View **Payment History**.

Submit a New Claim


- Click **Create Claim** and enter **Member ID** and **Birthdate**.





The screenshot displays the mhs Claims interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging (with a 98 notification), and Help. Below this is a section for 'Viewing Claims For' with a dropdown menu set to '3' and a 'Medicaid' plan selection, followed by a 'GO' button. To the right of this section is an 'Upload EDI' button and a prominent orange 'Create Claim' button, which is highlighted by a red arrow. Below the 'Viewing Claims For' section is a 'Claims' tab with sub-tabs for Individual, Saved, Submitted, Batch, Payment History, My Downloads, and Claims Audit Tool, along with a 'Filter' button. The bottom section of the interface features a search area with fields for 'Member ID or Last Name' (containing '123456789 or Smith') and 'Birthdate' (with a 'mm/dd/yyyy' placeholder), and a 'Find' button. Red arrows point to the 'Claims' tab, the 'Member ID or Last Name' field, and the 'Birthdate' field.


Claim Submission


 Choose the Claim Type.





 Eligibility


 Patients



 Authorizations


 Claims

 Messaging


 Help

Provider Name 

Viewing Claims For : Tax ID Number  Medicaid 

 Upload EDI

Create Claim

Choose Claim for , 

Choose a Claim Type

CMS 1500

Professional Claim →

CMS UB-04

Institutional Claim →

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

Professional Claim Submission

 Follow **Your Progress** to see [Professional Claim](#) steps and Submission.

Professional Claim for €

Your Progress



THIS SECTION:

Review

Please review your claim and submit.

← Back

This claim is eligible for Real Time Editing and Pricing.
Please click on the Validate button to proceed to the next step.

Validate →

Almost done!

You can go back to review your claim or submit now.

Claim Id: 800000002

Member Record Number: 000000003

Member Claim Amount Paid:

Patient's Account Number: 100000007

Institutional Claim Submission

 Follow **Your Progress** to see [Institutional Claim](#) steps and Submission.

Institutional Claim for E

Your Progress



THIS SECTION:

Review and Submit

Please review your claim before submitting.

Almost done!

You can go back to review your claim or submit now.



Claim ID: 8

General Info [Edit](#)

Submitted Claims

The **Submitted** tab will show only claims created via the MHS portal.

- **Paid** is a green thumbs up.
- **Denied** is a orange thumbs down.
- **Pending** is a clock.

RTEP (Real Time Editing and Pricing) claims also show if eligible. (i.e. line 3 was submitted. But was not eligible for RTEP.)

Eligibility

Patients

Authorizations

Claims

Messaging

Help

Provider Name

Viewing Claims For :

Tax ID Number

Medicaid

Upload EDI

Create Claim

Claims

Individual

Saved

Submitted

Batch

Payment History

My Downloads

Claims Audit Tool

Filter

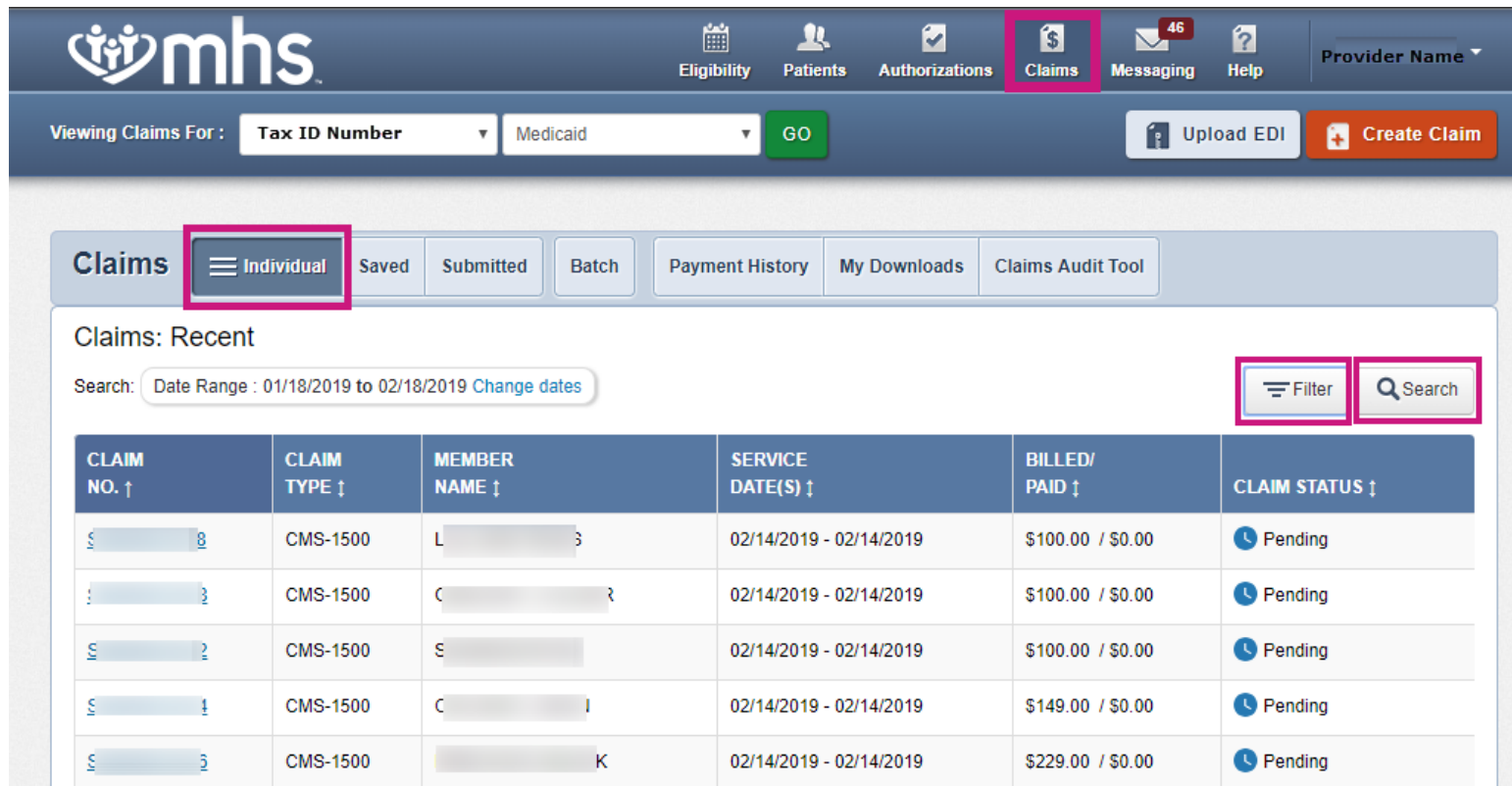
SUBMITTED STATUS ↑	DATE SUBMITTED ↑	WEB #/ REF # ↑	CLAIM NUMBER ↑	CLAIM TYPE ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑	
	08/16/2017	8/16/17	C1500	CMS-1500	S. J.	1500	6	\$150.00	
	08/10/2017	8/10/17	C1500	CMS-1500	C. H.	1500		\$150.00	RTEP
	08/02/2017	8/02/17	C1500	CMS-1500	S. M.	1500		\$150.00	RTEP
	07/24/2017	7/24/17	C1500	CMS-1500	S.	1500		\$150.00	RTEP

4 items found, displaying all items. Page 1/1 1

Individual Claims

On the **Individual** tab, claims submitted using paper, portal or clearing house.

- View the Claim Number, Claim Type, Member Name, Service Dates, Billed/Paid, and Claim Status



Viewing Claims For: Tax ID Number Medicaid GO Upload EDI Create Claim

Claims: Individual Saved Submitted Batch Payment History My Downloads Claims Audit Tool

Claims: Recent

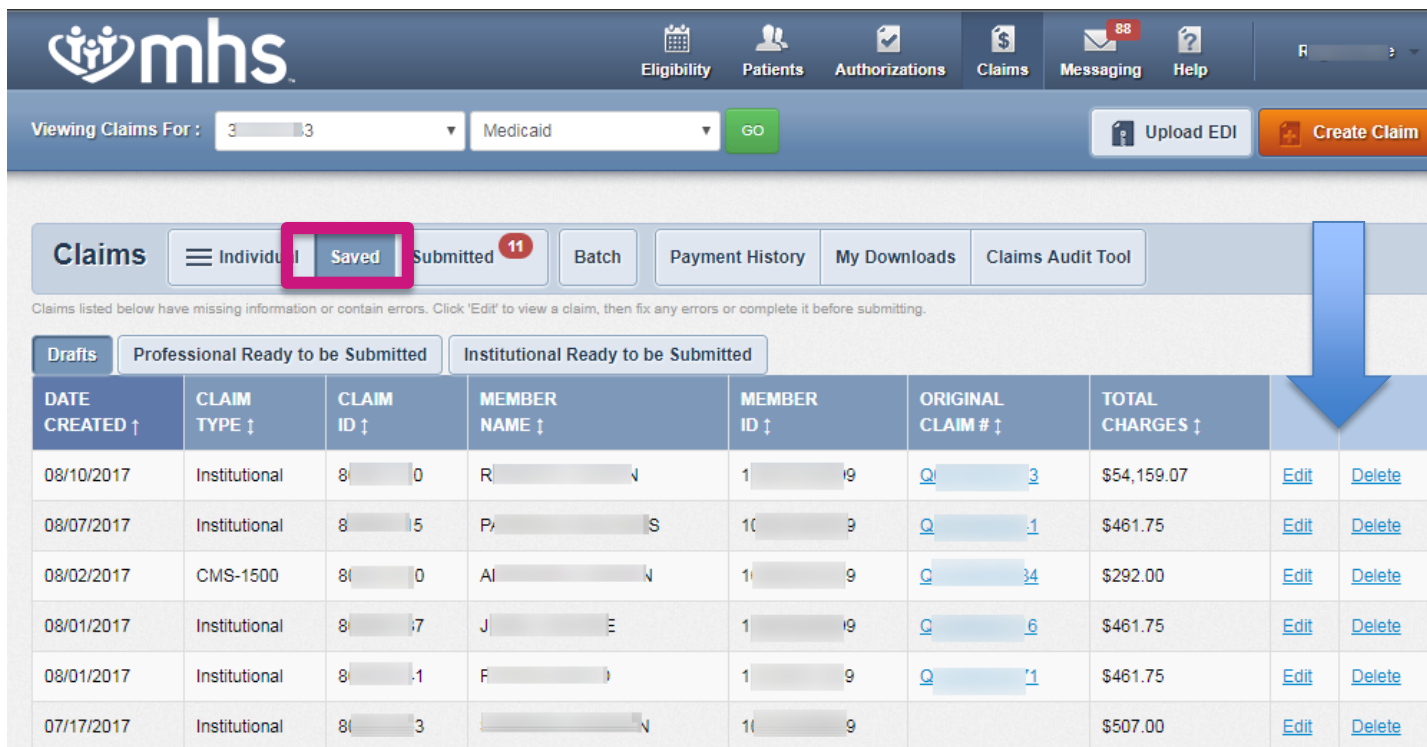
Search: Date Range : 01/18/2019 to 02/18/2019 [Change dates](#) Filter Search

CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↑	SERVICE DATE(S) ↑	BILLED/ PAID ↑	CLAIM STATUS ↑
8	CMS-1500	L	02/14/2019 - 02/14/2019	\$100.00 / \$0.00	Pending
3	CMS-1500	C	02/14/2019 - 02/14/2019	\$100.00 / \$0.00	Pending
2	CMS-1500	S	02/14/2019 - 02/14/2019	\$100.00 / \$0.00	Pending
4	CMS-1500	C	02/14/2019 - 02/14/2019	\$149.00 / \$0.00	Pending
3	CMS-1500	K	02/14/2019 - 02/14/2019	\$229.00 / \$0.00	Pending

Saved Claims

 To view **Saved** claims: Drafts, Professional or Institutional

1. Select **Saved**.
2. Click **Edit** to view a claim.
3. Fix any errors or complete before submitting.
- Or
4. Click **Delete** to delete saved claim that is no longer necessary.
5. Click **OK** to confirm the deletion.



Viewing Claims For : 3 Medicaid GO Upload EDI Create Claim

Claims Individual **Saved** Submitted 11 Batch Payment History My Downloads Claims Audit Tool

Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.


DATE CREATED ↑	CLAIM TYPE ↑	CLAIM ID ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑		
08/10/2017	Institutional	8100	R...	109	Q13	\$54,159.07	Edit	Delete
08/07/2017	Institutional	815	P...	109	Q1	\$461.75	Edit	Delete
08/02/2017	CMS-1500	8100	AI...	109	Q34	\$292.00	Edit	Delete
08/01/2017	Institutional	817	J...	109	Q6	\$461.75	Edit	Delete
08/01/2017	Institutional	811	F...	109	Q1	\$461.75	Edit	Delete
07/17/2017	Institutional	813	...	109		\$507.00	Edit	Delete

Correcting Claims

 After clicking on a **Claim #** link:


1. Click **Correct Claim**.
2. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
3. Continue clicking **Next** to move through the screens required to resubmit.
4. Review the claim information.
5. Click **Submit**.


[Back to Claims](#)
Claim Details


 Only claims with a status of **PAID** or **DENIED** can be corrected online.

Claim #S158INE03385: Paid

+ Copy Claim
Correct Claim

 Claim Accepted

 In Process

 Paid

Member

Provider

Claim

Member Name:
A EY

Member ID:
1

Member DOB:
1 7

Ref/Acct No.:
E

Servicing Provider:
C Y


Servicing NPI:
1 2

DOS Range:
06/06/2019 - 06/06/2019

Received Date:
06/07/2019

Billed Amount:
\$120.00

Service Lines

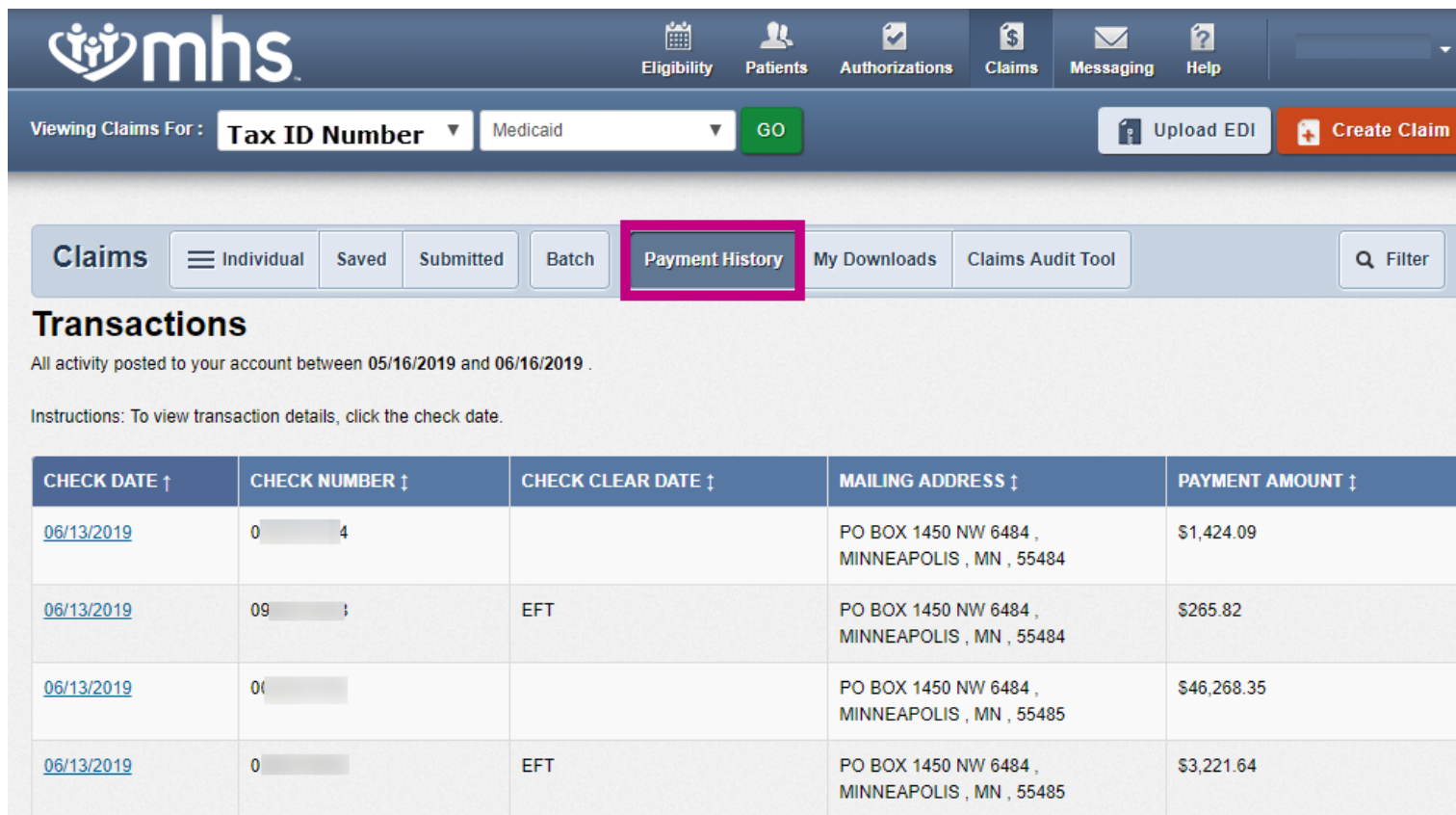
Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	06/06/2019	99213	K120		11	\$120.00	\$51.99	06/13/2019	00103717 46	 PAID	92

 [Submit a Correct Claim Guide](#)

Payment History

 Click on **Payment History** to view Check Date, Check Number, Check Clear Date, Mailing Address and Payment Amount.

- Click on **Check Date** to view Explanation of Payment.



The screenshot shows the mhs web application interface. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a section for 'Viewing Claims For' includes a dropdown for 'Tax ID Number', a dropdown for 'Medicaid', and a 'GO' button. To the right are buttons for 'Upload EDI' and 'Create Claim'. Below the navigation bar, there's a 'Claims' section with tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Payment History' (highlighted with a red box), 'My Downloads', and 'Claims Audit Tool'. A 'Filter' button is also present. The main content area is titled 'Transactions' and shows a list of transactions with columns: CHECK DATE, CHECK NUMBER, CHECK CLEAR DATE, MAILING ADDRESS, and PAYMENT AMOUNT. The transactions are listed for the date 06/13/2019.

CHECK DATE ↑	CHECK NUMBER ↑	CHECK CLEAR DATE ↑	MAILING ADDRESS ↑	PAYMENT AMOUNT ↑
06/13/2019	0 4		PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55484	\$1,424.09
06/13/2019	09	EFT	PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55484	\$265.82
06/13/2019	00		PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55485	\$46,268.35
06/13/2019	0	EFT	PO BOX 1450 NW 6484 , MINNEAPOLIS , MN , 55485	\$3,221.64

Payment History

 Click on **View Service Line Details.**

Explanation of Payment Details

[Back to Payments List](#)

 Download (Excel Format)

 Print

Check/Trace Number:0 Check Date:02/28/2019

Insured Name: E R

Group: T S

Patient Name: E R

ID: 11

Control Number: S 9

Account: F

Service Provider: F D

NPI: 1

[View Service Line Details](#)

Serv	Date	Proc#/ Proc2	Mod	Days/ Cnt Qty	Charged	Allowed	Deduct/ Copay	Coinsur	Discount/ Interest	Med Allow/ Med Paid	TPP	Denied	Remit Codes	Payment
10	02/13/2019	76820	26	0/1	100.00	24.86	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	92	24.86
20	02/13/2019	76818	26	0/1	130.00	52.32	0.00/0.00	0.00	0.00/0.00	0.00/0.00	0.00	0.00	92	52.32
Sub Total:					\$230.00	\$77.18	\$0.00/\$0.00	\$0.00	\$0.00/\$0.00	\$0.00/\$0.00	\$0.00	\$0.00		\$77.18

Remit Code Descriptions

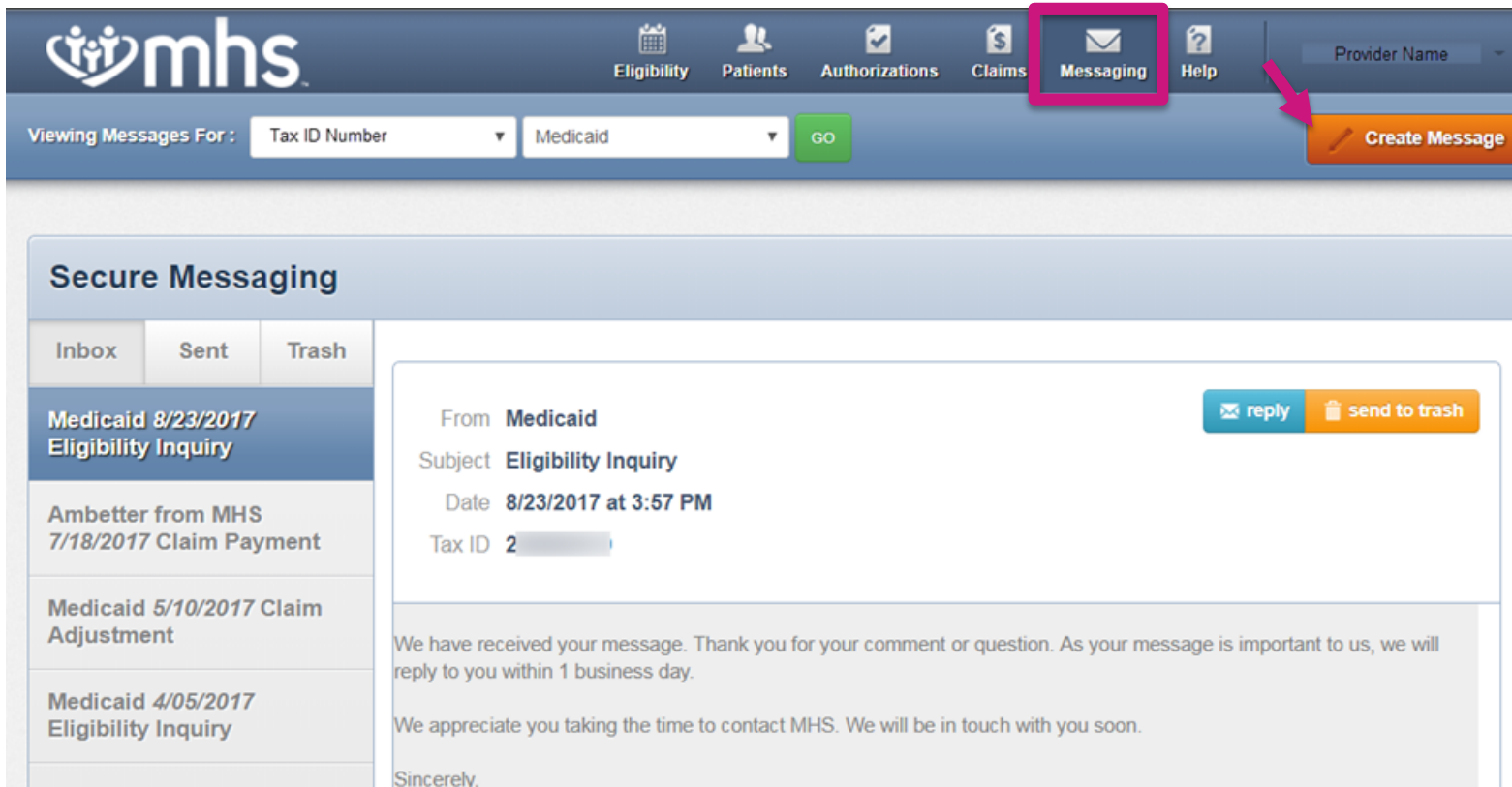
92

PAID IN FULL

Secure Messaging

Create a New Secure Message.

- Click **Messaging** tab from the Dashboard.
- Click **Create Message**.



mhs

Eligibility Patients Authorizations Claims **Messaging** Help

Provider Name

Viewing Messages For: Tax ID Number Medicaid GO

Create Message

Secure Messaging

Inbox	Sent	Trash
Medicaid 8/23/2017 Eligibility Inquiry		
Ambetter from MHS 7/18/2017 Claim Payment		
Medicaid 5/10/2017 Claim Adjustment		
Medicaid 4/05/2017 Eligibility Inquiry		

From **Medicaid**

Subject **Eligibility Inquiry**

Date **8/23/2017 at 3:57 PM**

Tax ID **2**

reply **send to trash**

We have received your message. Thank you for your comment or question. As your message is important to us, we will reply to you within 1 business day.

We appreciate you taking the time to contact MHS. We will be in touch with you soon.

Sincerely,

Provider Relations Team

MHS Provider Network Territories

NORTHEAST REGION

Claims Issues: MHS_ProviderRelations_NE@mhsindiana.com
Chad Pratt, Provider Partnership Associate
1-877-647-4848 ext. 20454
rpratt@mhsindiana.com

CENTRAL REGION

Claims Issues: MHS_ProviderRelations_C@mhsindiana.com
Esther Cervantes, Provider Partnership Associate
1-877-647-4848 ext. 20947
Estherling.A.PimentelCervantes@mhsindiana.com

NORTHWEST REGION

Claims Issues: MHS_ProviderRelations_NW@mhsindiana.com
Candace Ervin, Provider Partnership Associate
1-877-647-4848 ext. 20187
Candace.V.Ervin@mhsindiana.com

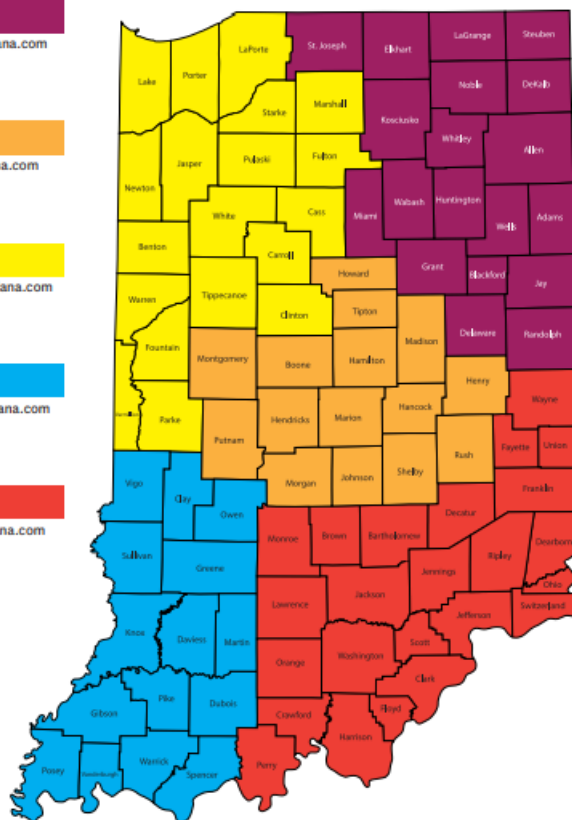
SOUTHWEST REGION

Claims Issues: MHS_ProviderRelations_SW@mhsindiana.com
Dawn McCarty, Provider Partnership Associate
1-877-647-4848 ext. 20117
Dawnalee.A.McCarty@mhsindiana.com

SOUTHEAST REGION

Claims Issues: MHS_ProviderRelations_SE@mhsindiana.com
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Indiana



NETWORK LEADERSHIP

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NETWORK OPERATIONS

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MHS Provider Network Territories

TAWANNA DANZIE

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PROVIDER GROUPS

Beacon Medical Group
Community Care Network
Franciscan Alliance
Goshen Health System
HealthLinc
Heart City Health Center
Indiana Health Centers
Lutheran Medical Group
Northshore Health Centers
Parkview Health System
South Bend Clinic

JENNIFER GARNER

Provider Partnership Associate II
1-877-647-4848 ext. 20149
jgarner@mhsindiana.com

PROVIDER GROUPS

American Health Network of Indiana
Columbus Regional Health
Community Physicians of Indiana
Good Samaritan Hospital Physician Services
HealthNet
Health & Hospital Corporation of Marion County
Indiana University Health
Little Company of Mary Hospital of Indiana
Riverview Hospital
St. Vincent Medical Group

INTERNAL REPRESENTATIVES

JENNIFER DEAN

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LAKISHA BROWDER

Provider Relations Specialist
1-877-647-4848 ext. 20224
lbrowder@mhsindiana.com











ENVOLVE DENTAL, INC.

MICHAEL J. WILLIAMS

Provider Relations Specialist
1-727-437-1832
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What did you learn?

-  Analytic/Web Tool Resources
-  Navigating the web portal
-  Navigating provider analytics
-  How to view Gaps In Care
-  Navigating patient analytics
-  Eligibility verification
-  Authorization requests and information
-  How to submit a corrected claim
-  Reviewing claim information
-  How to submit request on line

Questions?

Thank you for being our partner in care.

Session Survey

- Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1038>